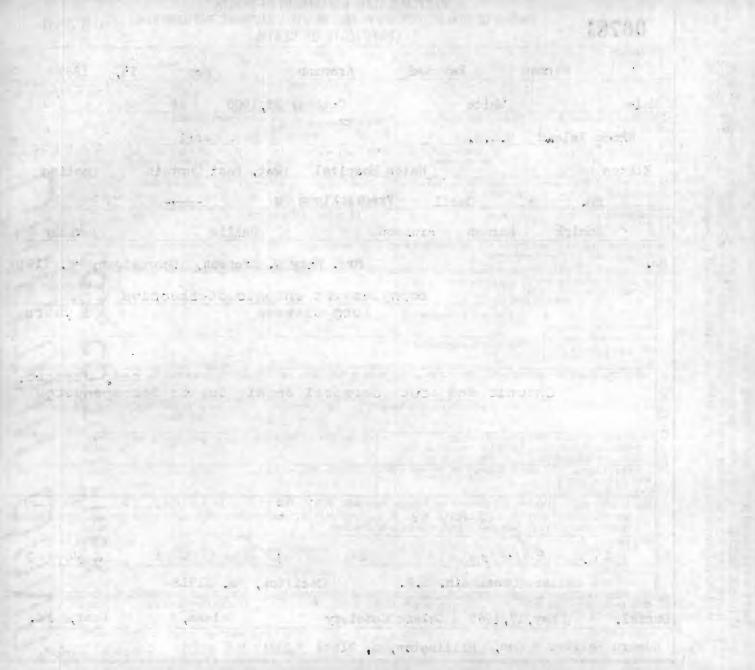
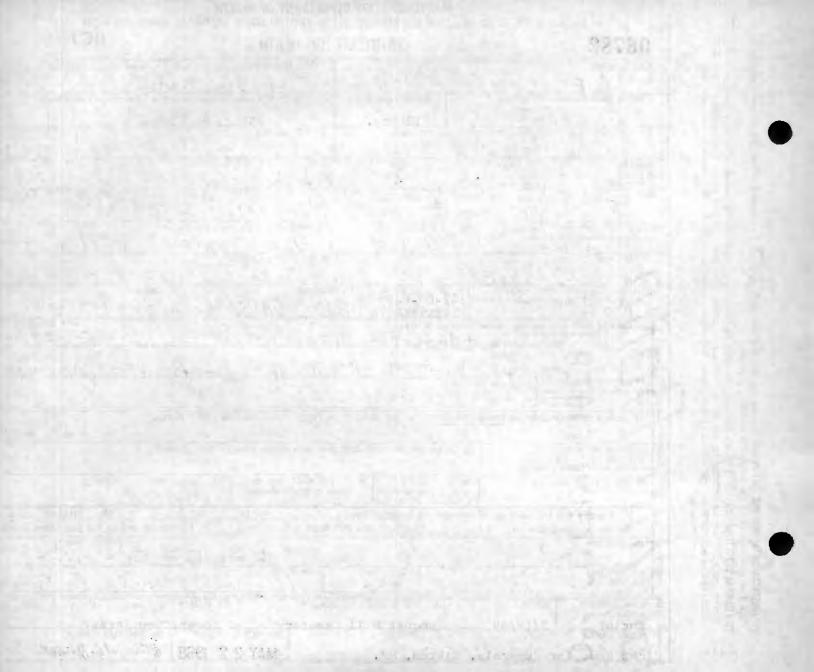
1 . 1 The first of migray was a first of the engine dealers and The state of the s . , . . . . . and the court of the second and the late of th



n_ 1	Division of STATISTICAL RES	MARYLAND STATE DEPARTMENT OF HEALTH SEARCH AND RECORDS, 301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201
2	06782	CERTIFICATE OF DEATH	06781
after death the funeral ages 1 and 3 after death	1. PLACE OF DEATH O. COUNTY OF CALL	MARYLAND  2. USUAL RESIDENCE (Where deceded on STATE MARYLAND)	osed lived, if institution: Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tayn)	12 yrs.	ote limits, write RURAL and give nearest town)
4 4 9 5	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  A HOSPITAL  3. NAME OF	2 RD, #2,	Box 282 YES NO D
e executed with and campletely remave carban in any event, wi	3. NAME OF DECEASED (Type or print)  5. SEX 6. CÓLOR OR RACE 7. MARRIE	R. BAIR OF DEATH	9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
be executed and can be remarked in any e	TOO. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, of	lost birthday) Months Doys Hours Min.  oreign country) 12. CITIZEN OF WHAT
historian hysician n please	during most of workingslife, even if retired)  13. FATHER'S NAME	INDUSTRY WEW JEAN  14. MOTHER'S MAIDEN NAME	esty country? S. A
e death terrificate a attending physician permit. Then please an, or remaval, and i	15. (WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (It yes give wor or dates of service) 1	6 SOCIAL SECURITY NO. 17 INFORMANT 42-09-0295 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	DUFFORD.  Address  ASBAND) the SAME
equires that the physician. signed by the burial-transit burial, cremati	IB. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  OUE TO  Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse lost.  (c)		INTERVAL BETWEEN SUISTLAND DEAPHYS ABOUT ASIS ASIS
IAN: The law not at a strength of the strength	200. ACCIDENT WAS UNDERLYING \( \square\) 20b.	G TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIV DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Po	PERFORMED? YES NO
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior to	20c. TIME OF INJURY Month, Day, Year 20d Whour o.m. 19 of whole of the saw the deceased alive on 24	ended the deceosed from 111116, 19	(City or town) (County) (State) ta 5/1/65, 19_, that (I) (we) lds M, from causes and on the date stated-abave
D HOSPITAL OR ATTENDIN Page 4 may be retained by FUNERAL DIRECTOR: Affert director, page 3 should be should be filed with the Stat	220. SIGNATURE  22c. PHYSICIAN'S NAME (Type)	M.D. ATTENDING MED. MED. PHYS. DIRECTOR  22d. ADDRESS WE	STAFF 226. DATE SIGNED  ST MAIN ST. ELETON
TO HO Page TO FUR direct	230. BURIAL (REMATION, REMOVAL (Specify) Burial  24. PUNEPAR DIRECTOR		OCATION (City or Town) (County) (Stote)  OVER 1 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 20 M 1/66	Hicks Home for Funerals,	Elkton, Md. MAY 2 2	1969 Milliantes Judge

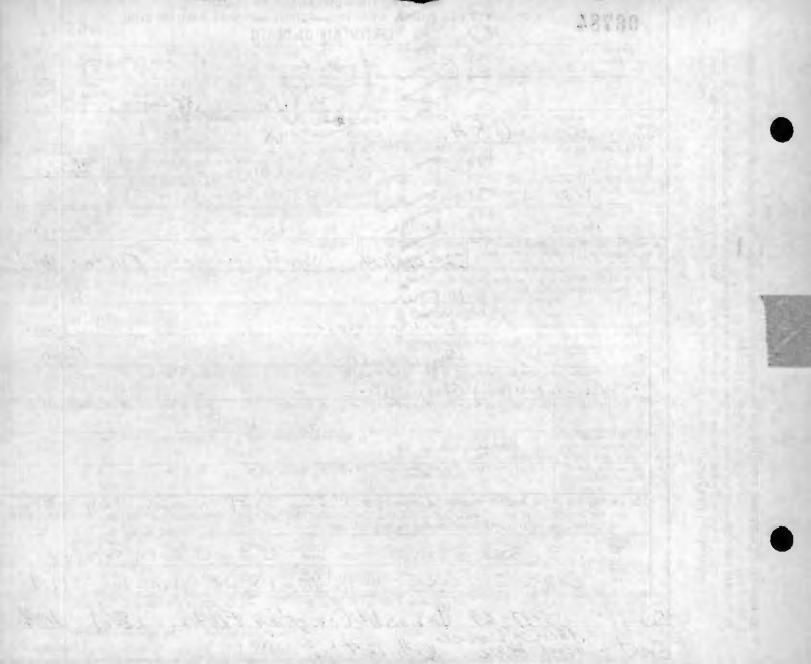


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16783 06782 CERTIFICATE OF DEATH and reampletely filled in by the funeral remaye, carban papers. Pages 1 and 2 in any event, within 72 hours affect death. executed within 24 haurs after death . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) n COUNTY o STATE b. COUNTY Maryland Cecil Cecil MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) Years Elkton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 204 e. IS RESIDENCE ON A FARM? Union Hospital of Cecil County Whitehall Road YES NO X Middle 3. NAME OF First DATE please remave carban and in any event, with Lost Month Year DECEASED 1069 May Buckworth (Type or print) Samuel BOXXXXXX Howard DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED Months Hours White Male WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT requires that the death certificate be during most of working life, even if retired) INDUSTRY U.S.A. attending physician permit. Then please Maryland Farmina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, Samuel H. Buckworth Sarah Redmile 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 222-16-89 59 permit. Clifton Buckworth (Son) Elkton, Md. crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit PUSEDAND DEATH PART I. DEATH WAS CAUSED BY: Myocardial Infarction IMMEDIATE CAUSE (o) signed by the haspital ar attending physician. DUE TO burial, Nephritis 4-Years Conditions, if any, which gove tise to immediate cause (a), DUE TO stoting the underlying couse 2- Days FUNERAL DIRECTOR: After this certificate has been Pulmonary Edema as the Health prior to 19. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION for use YES NO PO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year Hour o.m. Not While factory, street, office bldg., etc.) at work of work Page 4 may be retained by 21. I certify that (I) (this hospital) attended the deceased from May 10, 1907, to May , 1969, that (I) (We) Past 19 69, and that deoth occurred at 8 : 0.5M, from couses and on the date stated above saw the deceased alive on Mary 220. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. ADDRESS 22c. PHYSICIAN'S Johnson M.D. High St. Elkton Cecil Md. NAME (Type) James director, 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, (County) (Stote) Bernoval (Specify) May 16. Bethel ( hesaneake M emeteru 0 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Wester Elkton, 20 M I

MARYLAND STATE DEPARTMENT OF HEALTH



	I DESTAND STATE DEPARTMENT OF HEALTH	
4-41	06784 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	
	CERTIFICATE OF DEATH	
death.	1. DECEASED-NAME First Middle Last 20. DATE OF DEATH (Type or print) Carlotta C. Collins Manth 15 Day 6 great 459	UR N
ty the funeral Popus of Course after death	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IFUNDER 1 YEAR IF UNDER 24)	HRS.
P P P P P P P P P P P P P P P P P P P	35 5 YRS	MIN
- in 2.2	70. BIRTHPLACE (State or foreign country)  75. CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED  9. COUNTY OF DEATH  WIDOWED DIVORCED C	11.4
within 24 hours after death tely filled in by the funeral bon popers. (Pages 1 and 3, within 72 hours after death	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work dage 12b, Kinn OF BUSINESS OR	Md R
refer t, will	CIKIM Union Hospital Housewife Home	
e executed within 24 ond completely filled remove carbon pope in any event, within 7	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md. 13b. COUNTY Ceci ( North East YES NO 12. D. IT)	
ond co	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last	
20-	Pedro Costa Gloria Comanina  160. WAS DECEASED EVER IN U.S. ARMED FORCES? [166. SOCIAL SECURITY NO. ] 17. INFORMANT Address	-
certificate by physician then pteuse moval, and	Yes, no, agunknown) (Ityes give war or dates also service) 229-09-9094 (+05) with illustrated FIK tox; md	_
9 55	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I, DEATH WAS CAUSED BY:	н
aftendi permit.	403X IMMEDIATE CAUSE (0) CURETURE  DUE TO, OR AS A CONSEQUENCE OF	
thot the don. by the atterransit perr	Canditions, if any, which gave rise to immediate cause (a). (b) Nephrosclarosca 5 cyclics	
low requires that the death anding physicion. been signed by the attending is the burial-transit permit. I ior to burial, cremation, or resistent.	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF (c) Hernertension (Synchro	in the
equires the physicion signed by buriol-fra buriol-fra buriol, cre	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ding ding	¿ Dioneter mellitur; Gastrie ulcer	
DING PHYSICIAN: The low re is by the hospitol or attending. After this certificate hos been is be detoched for use as the is state Dept. of Health prior to be a state.	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY?  YES NO CAUSES OF DEATH?  20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
AN: 7		
PHYSICIAN e hospitol is certifical toched for	☐ OR CONTRIBUTING ☐ CAUSE OF DEATH HOUR A.M. Manth Day Year [If either, natify medical examiner] P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State	0
G PHYSIC the hospit this certification	While Not while of work of work of work	
	22a. I certify that (1) (this hospital) attended the deceased from (13 (1, 19 64, ta 5/15, 19 64, that (1) (we) saw the deceased alive on 19 4, and that in (my) (our) opinion death occurred on the date and hour and from	last
	causes stated abave, (1) (we) (did) (did not) view the body lifter death.	me
OR ATTENE be retained DIRECTOR: A ge 3 should led with the	226. SIGNATURE  226. SIGNATURE  226. DATE SIGNED,  TERROR DIRECTOR	
O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 should should be filed with the	22d. PHYSICIAN'S) 22e. ADDRESS ,	
O HOSPITAL Page 4 may O FUNERAL director, page should be file	NAME (Typé) Edgar E. TOLK CH., M. (). Union (tosjutal, E(Korn, bul, 2(92) 230 BURIAL (REMATION, 23b. DATE [23c. NAME OF CEMETERY OR CREMATORY] [23d. LOCATION (City or Town) (County) (Store)	
Pag Pag dire	BUTIAL (Specify) 5-17-69 Immaculate Concentrar Elkton Cecil Met.	
VR A15 (1)	24. FUNERAL DIRECTOR FRENCH LINEAR ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE LAND CONCESS DATE AND LOSS HOUSE	
6.0	The overall links will be have a for a long	



DETAS DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAI	06784
FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
	20 DATE KNOWN Month Doy Year 2b HO.R OF EST DEATH MATED B 5-15 1969
3 SEX M 4. RACE S DATE OF BIRTH  3 SEX M 4. RACE S DATE OF BIRTH  3 SEX M 5 FAMOURS MIN DAYS HOURS MIN DAYS HOU	DATE PRONOUNCED DEAD Month 5 Doy / 5 Year 1967 2d HOUR
TO DIVIDITE OF CONTROL PACE COLOR OF TOTAL OF THE PROPERTY OF	TY OF DEATH (ed.)
3 SEX  4. RACE  5 DATE OF BIRTH  3 - 6 - 1896  7 3 YRS  7 BIRTHPLACE (Stote or foreign country)  Full Country  Ful	JPATION (Kind of work done 12b KIND OF BUSINESS OR working life, even if set red.) IND_STRY
130 USUAL RES.DENCE (Where deceased lived, 1 institution Res dence before 13c (ITY OR TOWN 13d MISIDE CTY LIMITS? 13 odmiss on) STATE 13b COUNTY CC 1	3e STREET AND NUMBER  R. D. 1
14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Nelson (opper no information	M.ddle Last
160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)  (Yes, no, or unknown) (If yes give war or dates of service)  (Yes, no, or unknown) (If yes give war or dates of service)	ADADES AND SECOND
B CAUSE OF DEATH (Enter on y one couse per line for (a), (b) and (c))  PART I. DEATH WAS CAUSED BY.  HIMMEDIATE CAUSE (a) Arterioric couse of the part	APPROXIMATE INTERVAL BETWEEN OILST AND DEATH  VIEW CONTROL OF THE
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND T ON C	GIVEN IN PART I(o)
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND T ON CONDITION FOR WHICH OPERATION  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210. EXTERNAL CAUSE WAS  210. TIME OF INJURY Month, Doy, Year  210. HOW INJURY OCCURRED (Enter noture of	20. AUTOPSY? YES NO
210. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c. How INJURY OCCURRED (Enter noture of HOUR A.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home form street 21f IOCATION Street or R.F.D. No.	of in ary in Part 1 or Part 2, item 18.)
	C ty or Town County State
death resulted from: Notural couses P. Accident . Suicide . Homicide	ection , Inquiry , and in my opinion Undetermined monner
ACTION MEDICAL EXAMINA	5-15-69
23d BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LO	OCATION (City or Town) (County) (Stgle)
VR ATSME (5) 10M REV 1/88  PIPPIN FUNE PAL HONE Lorund Elkton, Md. DATE MAY 19	,



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08785 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME Maddle 2g DATE KNOWN (Type or Print) OF ESTI-Page AGE (In years IF UNDER 24 HRS 3 SEX 4 RACE S DATE OF BIRTH 2c. DATE PRONOLINGED DEAD and May 5, 1964 70 BIRTHP\_ACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 12- 9. COUNTY OF DEATH WIDOWED | D.VORCED [ U.S.A. Pennsylvania 10. C.TY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street oddress) Union during most of working life, even if retired ) INDUSTRY 13a US.A. RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. NSIDE CITY LIMITS? Torid 2 with odmission) STATE 13b COUNTY Coatesville pencil in Item-18 be executed within 24 hours ofter 14. FATHER'S NAME Middle Rossahn hours 16b. SOCIAL SECURITY NO 17 INFORMANT (Yes, no ar unknown) William Blair FIE CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: due to drowning Unk IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave nse ta immediate cause (a). writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊑ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) removal, 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🔲 21g EXTERNA, CAUSE WAS 21b. TIME OF NJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) should PRIMARY OR CONTRIBUTING 21e PLACE OF INJURY (At hame form, street, 21f LOCATION Street or R F D C tv or Town FUNERAL DIRECTOR: Poge please execute 22a | certify that I taak charge of the remains described abave, held an Autopsy | inspection Inquiry Inand in my opinian death resulted fram. Natural causes , Academ Suicide Suicide retoined Hamicide Undetermined manner CHIEF MED CAL EXAMINER ACTUAL ASS STANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER may **EXAMINER'S** 5 may 10 FUNE Heolth NAME (Type) ADDRESS(Street city, town, or county) the 23d LOCAT ON (City of Town) 23a BURIAL, CREMATION REMOVAL (Specify) Hephz bah Baptist Cemetery, 5/28/695 East Fallowfield Twp. Pa. 2Sq REC'D 8Y REGISTRAR 25b REG STRAR S SIGNATURE Eikton. Bicks Home Maryland VR A15ME [5] 10M REV 1768

MAKTLAND STATE DEPARTMENT OF HEALTH



51-6	<b>₽</b> It	em5 FilmGl12 5/15/69 MARYLAND STATE DEPARTMENT OF HEALTH  OCTOR DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	06786
HEALTH DEPT.		DECEASED-NAME First Middle Lost 2a. DATE KNOWN BE Month	Day Year 2b. HOUR
ay is 3 to Poge ent of	_ '	Type or Print) FRED William DITTMAR, Jr. DEATH MATED _ 5	11 19 69 6:34
2, and 3 to 2, and 3 to 3 Pog	3 \$	4. RACE S. DATE OF BIRTH 1927 6 AGE (in years IF UNDER 1 YEAR IF UNDER 24 MRS 2c. DATE PRONOUNCED DEAD	2d. HOUR
		Male White Jule 27, 1741 42 to May II	Year 19 69 6:3M
		BIRTHPLACE (Stole or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED CC11	
State State		The state of the s	Md 125 KIND OF BUSINESS OR
ins ofter death in 18. Give Pages I te along with for 12 with the State I		The street oddress)  Elkton  The Name of Hospital of Institution (If not in hospital during most of working life, even if retired.)  Union Hospital  Jalesman	INDUSTRY: Orrs
fter Giv ong ifh t	13a	USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d Misible CITY LIMITS? 13e. STREET AND NUMBER	
75 o 18. 18. 2 w	0	Idmission) STATE Pa 198 COUNTY Phila. Rockledge YES XXO 27 Centra	al Ave Pa
ahours offer tight 18. Gi Office alon 1 and 2 with	14. F	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle  Fred William Dittman, Sr. Elizabeth	Lost
hin 24 hours ofter de hil in Item 18. Give P nnners Office olong wi pages Land 2 with the hours ofter death	láo	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	Hermes
		Yes no, of Unknown) (Hys give wor or dates at service) 185-20-6943 Mrs. Hazel A. Dittmar, Rockledge.	Pa.
should be executed with a ward "pending" in perion to the Chief Medical Exonorial transit permit. File I in any event within 72		IB. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ecut ling" edice ermi		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Cirrhosis of the liver	
e ex pend if M if M		DUE TO, OR AS A CONSEQUENCE OF Conditions, if eny, which gove	
d bord 'j' Chie fron		nse to immediate couse (a). (b)	
wa wa the		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
tCAL EXAMINER: This certificate should be executed execute the certificate, writing the ward "pending" in for. Page 4 should be forwarded to the Chief Medical Ed for your files.  CTOR: Page 3 should be used as a burial-transit permit. I burial, cremation, or removal, and in any event within		PART 2 OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	<u> </u>
riffice riting orde d os	No	The County and County	Tee Auropoya
cer forw use	FICATI	196 DATE OF OPERATION	20. AUTOPSY?  YES NO NO
VER: This certifica certificate, writing hould be forworder iles. should be used os frion, or removol, o	MEDICAL CERTIFICATION	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Ite	
erriff erriff ould on, t	S	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	,
DICAL EXAMINER: se execute the certi ector. Poge 4 should med for your files. TECTOR: Poge 3 should buriol, cremation.	MED	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. (ity or Town	County State
L EXAR ecute t Poge 4 or you R: Poge iol, crei		AT WORK AT WORK	
no DEPUTY DICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your of FUNERAL DIRECTOR: Page Health prior to buriol, crem		22a. I certify that I taak charge of the remains described above, held an AutopsXX, Inspection [], Inquiry [	
Se e extorned need need by but be but but be but but be but be but but be but be but but be but but be but but but be but		death resulted from Natural causes XXI., Accident [ ]., Suicide [ ]., Hamicide [ ]. Undetermined manner [	
pleose I director retainer I DIREC		ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 225 DATES	LIGNED
UTY, Dry, De be Prr		SIGNATURE 17 ASSISTANT INTO CALL CANADITAL ALLE	y 12, 1969
necessory, please extended the funeral director.  To Funeral Director  To Funeral Director  Health prior to bur		NAME (Type) RONALD N. KORNBLUM, M.D. ADDRESS(Street, city, town, or county)	
0 e + 2 0 m	230	PERIOVAL (Charles)	(County) (State)
	24	BENDVALISTOCITY) May 13, 1969 Lawnview Cemetery Rockledge PH  FUNERAL DIRECTOR 250 REGISTRAR 250 REGISTRAR 250 REGISTRAR 250 REGISTRAR'S S	rila. Pa.
VR A15ME (5)	PI	TOO IT THE OAT HOME IS	Car dan



			DIVISION OF VITAL RECORDS		UN CLEEL BYI.		1201	
4		06788			E OF DEATH	IMORE, MARIEMID 2	067	87
death.	1. C	FIRST Type or print)  J	Middle AMES H. GIBSON		ost	2a. DATE OF DEATH	14° 1989	2b. HOUR
hours after death	3. S	ex MALE	4. RACE NEGRO		TE OF BIRTH 2-11-19	å. AGE (In y last bytho	POOTS IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
1 in.by	7a.	BIRTHPLACE (State or foreign ntry) Mississippi	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED 🔀 NE	EVER MARRIED	9. COUNTY OF DEATH		ecil Md
vithin 2 ily fillec son pop within	10.	CITY OR TOWN OF DEATH Perry Point	11. NAME OF HOSPITAL OR IN give street address) VA Hospi	STITUTION (If not in h	aspital 12a. USU during n	JAL OCCUPATION (Kind of wo nost of working life, even if a Laborer	rk dane 12b, KIND OF	BUSINESS OR
outed w	13a adm	USUAL RES DENCE (Where decease issian) STATE	d lived, if institution Residence before	13c (ITY OR TOWN	VEC CT A	LIMITS? 13e STREET AND NU	MBER iklin Street	
requires that the death certificate be executed within 24 hours after 3 physician.  signed by the attending physician and campletely filled in by the fun blease remarks carbon paper. Pages to burial-transit permit. Then please remarks carbon paper. Pages abundancy cremation, or remayal, and in any event, within 72 hours after a burial, cremation, or remayal.	14.	FATHER'S NAME First Cornelius	Middle Last		HERS MAIDEN NAME Bertha A	First A	Middle	Last
ificate hysician n pleas ral, and	160	N WAS DECEASED EVER IN U.S. ARMI Yes, no, ar unknawn)   (If yos give wa Yes PL &	r or dates of service)				ddress	
ne death cert attending pl permit. Ther		18. CAUSE OF DEATH (Enter and) PART I, DEATH WAS CAUSED	ane cause per line for (a), (b) and (c)	)			APPROXI BETWEEN C	IMAYE INTERVA. ONSET AND DEATH
the dec or atten t permi		(anditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE OF		morrhage,			6 hrs.
s that cian. d by the		nse to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	hyperte	nsive car	complicated by diovascular di	Lsease	
requires g physici n signed a burial.			OTTIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE	TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a	)	
The faw re attending has been se as the h priar ta	CERTIFICAT ON	19a. DATE OF OPERATION 19b. (	ONDITION FOR WHICH OPERATION WAS PI	RFORMED 20	On AUTOPSY?  YESSE NO	CALICES OF DEATHS	NDINGS CONSIDERED IN C	ERTIFYING
N: or or r us eaft	MEDICAL CERTI	21 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examine	HOUR AM Month Day Year			er nature at injury in Part I ai	r Part 2, Item 18.)	
PHYSICIAN: he haspital or this certificate letached far u Dept. af Heal	뮻	21d INJURY OCCURRED 21e F While Nat while at wark at wark	PLACE OF INJURY (AT HOME FARM, STREET, FA OFFICE BUILDING, ETC		N Street ar R.F.D. No	a. City or Town	Caunty	State
renbing med by th R: After t suld be d		22a. I certify that (1) (this	s haspital) attended the decease ve an 5-14- 松(we) (did) (越路) view the	ed fram 1969_, and tha	5-13- , 19- t in <b>(cog)</b> (aur) ap	69 , ta 5-14 unian death accurred an	<u>-</u> , 19 <u>69</u> , that the date and havr	X(b): (we) last and fram the
OR ATTENI De retained SIRECTOR: A e 3 shauld ed with the		22b. SIGNATURE	<u>.</u>	~	ATTENDING	MED. STAFF	22c. DATE SIGNED 5-14-69	
		22d. PHYSICIAN'S NAME (Type)	L. MOONEY M.D.		22e. ADDRESS	ospital, Perr		
TO HOSPITAL Page 4 may TO FUNERAL I director, pag shauld be fii	23a	BURIA., (REMATION, REMOVAL (Specty)		CEMETERY OR CREMA		23d LOCATION (City or To	wn) (Caunty)	(State)
30M REV (48.	24.	FUNERAL DIRECTOR	L HOME-Havre de Gr				GISTRAR'S SIGNATURE	



_	1				IE DEPAKTMENT OF				
		Donos	DIVISION OF VITA		. PRESTON STREET, BAL				
"		16789		CERTIF	ICATE OF DEATH		06	788	
€/. − Z €			ırst	Middle	Lost	2a DATE OF DEAT	Н	7	2b. HOUR_
- A - B - B - B - B - B - B - B - B - B	(	Type or print) RUE	34	M. 4	ARVEY		Month Day	Yeor	7-00
7.65.2	3. 5		4 RACE		S. DATE OF BIRTH	6 A	GE (In years IF Jh	IDER I YEAR IF JIN	HDER 24 HRS
s affi	L	F	1	W	9-1		buttodayl YRS. MONT		
24 hours all ed in by the pers. Page	70 (0)	BIRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT COL		ED NEVER MARRIED DIVORCED	9 COUNTY OF DEAT	H Cecil	2	
Filled Page	, ID	ITY OR TOWN OF DEATH	11 NAME OF	HOSPITAL OR INSTITUTION (	If not in hospital 12a. US	UAL OCCUPATION (Kind		b. KIND OF BUSIN	MESS OR
( Tay See 1		alklor	give streeth		7	Hauselo	retired) IN	WIN /La	22
AN: The law requires that the death certificate be executed within 24 hours after all or attending physician. It is a seen signed by the attending physician and completely filled in by the far use as the burial-transit permit. Then please remove carban papers. Pages Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after	13a adm	USUAL RESIDENCE (Where decression) STATE Maryle	eased lived, if institution Re-	sidence before 13c CITY	OR TOWN 3d INSIDE CITY  VES X		ber Par	K.	e
and c	14.	ATHER'S NAME FIRST	Mrdd1e	Glost	15 MOTHER'S MAIDEN NAME	CATE	Middle No.	P	osi <b>4</b>
ertificate be physician a nen please i aval, and in	16a.	WAS DECEASED EVER IN U.S. / es, no or ynknown) ("yes g	ARMED FOR (ES? 16b. SO	4	7. INFORMANT	44011151	Address	City .	WI
certif g phy hen nava	-	110	anly one cause per line far (	a) (b) and (d))	JOHN LI	MIVEY	TAGI	APPROPRIATE TR	MERVAL
he death certific e attending phys permit Then p ian, ar remaval		PART 1. DEATH WAS CAL	JSED BY, EDIATE CAUSE (a)	2), (6) ORG (C).)	Celesta	tes a	R	BETWEEN ONSET AN	ND DEATH
afte perm		/ /	DUE TO, OR AS A CO	NSEQUENCE OF	1 01-01			77-144	- 6
at the nsit		Conditions, if any, which gar rise to immediate cause (c	a), (b)		FF OT KE	em	rusz		
quires that the deat physician. signed by the attend burial-transit permit burial, cremation, ar		stating the underlying cause last.	DUE TO, OR AS A CO	NSEQUENCE OF	1				
requires g physici n signed e burial-		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OF	RCONDITION GIVEN IN P	ART 1(o)		
ta a series	No								
ING PHYSICIAN: The law re by the haspital or attending frer this certificate has been be detached far use as the state Dept. af Health priar tall	CERTIFICATION	19a. DATE OF OPERATION	9b. CONDITION FOR WHICH OPE	RATION WAS PERFORMED	20a. AUTOPSY? YES NO	CALIFEE OF D	WERE FINDINGS CONSID EATH?	ERED IN CERTIFY	YING
or ate		210. ACCIDENT WAS UNDERL		210	HOW INJURY OCCURRED (En	ter noture of injury in F	ort 1 or Port 2, Item 1	(B.)	
SICLA spritting of for	MEDICAL	OR CONTRIBUTING EAUSE OF S	iminer) P.M.	th Day Year 19					
JING PHYSICIAN: by the haspital or free this certificate be detached for L State Dept. of Heal	~	21a. INJURY OCCURRED 2 While Not while at wark	10. PLACE OF INJURY (AT HOME	J. FARM, STREET FACTORY,) 21f.	LOCATION Street or R.F.D. N	lo City or Yo	wn Car	unty	Stote
ING by the frer be d		22a. I certify that (i) (	this haspital) attended	the deceased from	3-2- 191	29, ta 5	29-196	Z, that (I)	(we) last
TEND ined DR: A guld		saw the deceased causes stated abo	alive an ove, (I) (we) (did) (did n	at view the bady aft	and that in (my) (aur) aper death.	pinian death accur	red an the date ar	nd haur and	fram the
OR ATTENDING be retained by the JIRECTOR: After the 3 should be de ed with the State		22b. SIGNATURE	istolal,	Hela M.	A ATTENDING	MED STAI	FF 22c DATE		
TO HOSPITAL OR ATTENDING PHY Page 4 may be retained by the h to FUNERAL DIRECTOR: After this director, page 3 should be detac should be filed with the State Dep		22d PHYSICIAN'S NAME (Type)	STOBAL	VIELA	22e. ADDRESS	West A	and so	- 801	(In
OSP P 6 4 P C C C C C C C C C C C C C C C C C C	23.0	R DIAL CDEMATIONS 23		23c NAME OF CEMETERY		23d .OCATION (C i	7070	100	W.C
TO HOS Page TO FUN direct shaul		Browny 80/19C	UNE 2,1969	OXFORD	CEM	OXFOR	P-CHESI	unty) (Sh	4
VR ATS 41 45M - 1/69	24 L	FUNERAL DIRECTOR	ERSE HORIE	ADDRESS EC.	DATE DATE OF THE PARTY OF THE P	BY REGISTRAR 1969	Sb. REGISTRAR'S SIGNA	TUPE	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4	16618	-11-10-10-1	Valor on	ZZQ VAIL		- //	11 8	



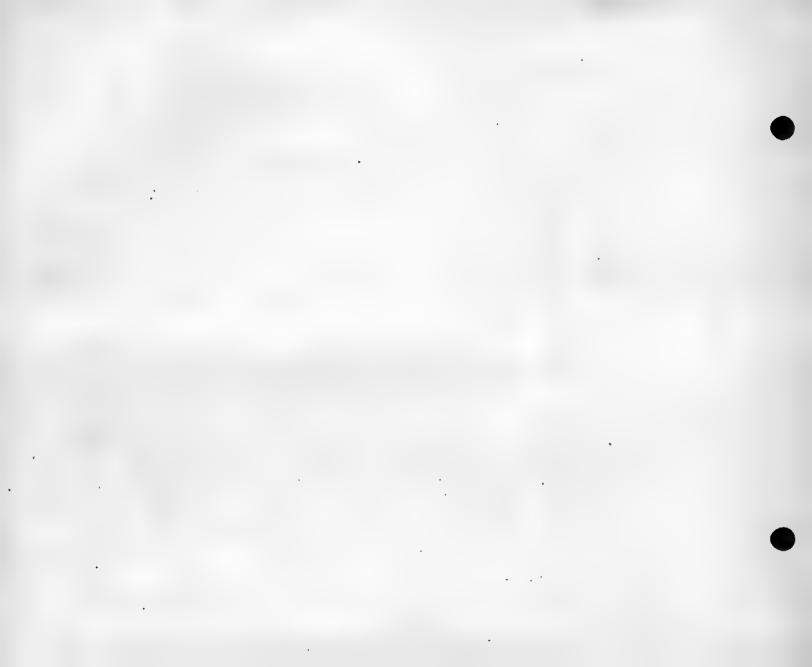
MARYLAND STATE DEPARTMENT OF HEALTH



•	Į		NUCIAS	MALIANM MACADA LATIK OC.	DOLAIC	DEFARING	ENI OF HEAL	I	*	
		0.0704	DIAIZIOI					RE, MARYLAND 21201	06790	
		06791			ERTIFIC	ATE OF	DEATH		00100	
# = # # # # # # # # # # # # # # # # # #		DECEASED-NAME First		Middle		Last	20.	DATE OF DEATH		2b. HOUR
r death. Uneral T. and 2	'	Type or print) Cal	vin	C.		HENRY	Sr.	Morth D May 1'	7 1969 1	5:15pM
fur jur	3 5	EX	4 RACE			S DATE OF BIR		6. AGE (In years	FUNDER 1 YEAR F	UNDER 24 HRS
s after	L	Male		White		2-12	2-13	last birthdoy) 56 YRS		OURS MIN
The law requires that the death certificate be executed within 24 haurs after death attending physician. The physician has been signed by the attending physician and completely filled in by the funeral se as the burial-transit permit. The please remove carbon papers, Pages 1, and 2 th priar to burial, cremation, ar remayal, and in any event, within 72 hours after death.	7a cou	BIRTHPLACE (State or foreign 7 intry)		OF WHAT COUNTRY?		NEVER MARE	KIED	UNTY OF DEATH		
24 lid lil per 72	Ш	Penna.	U.	S.A.	MIDOWED		CED X	Cecil		Md
filled filled pape	10	CITY OR TOWN OF DEATH		11 NAME OF HOSPITAL OR INS			12a USUAL DCC	JPATION (Kind of wark dane	125 KIND OF BUS	INESS OR
e executed withing one completely find completely find remaye carban an any event, with		Perry Point	1	VA.	Hospit		ouring most of	warking life, even if retired)	INDUSTRY	
cuted v	13a	USUAL RESIDENCE (Where deceased	yed, if i	nstitutian Residence before	13c CITY OR	TOWN	13d INSIDE CITY LIMITS?	13e. STREET AND NUMBER		
gem gem	uun	Penna	J36 COU	NIT	Lewi	stown	YES NO	218 So. B	rown St.,	
be exerging only controlled contr	14	FATHER S NAME First	Mic	ldle Last	15	MOTHER'S MA	IDEN NAME First	Middle	47.44	lgst
9 7 5 E		Calvin	1	Henry	Sn	Mare	aret		Kane	<b>样</b> 。
hystern nystern al, and i		WAS DECEASED EVER IN U.S. ARME		16b SOCIAL SECURITY	10 17 1	NFORMANT		Address	THORE .	
		Yes, no or unknown) (If yes give wor	or dates of serv	177-10-08	-88	VA Host	ital Rec	ords - Perry	Point. Max	ryland
9 9 E		18 CAUSE OF DEATH (Enter on y							APPROX MATE	INTERVA
ne death cer attending d permit. The		PART I DEATH WAS CAUSED I	3Y:			7 1			BETWEEN ONSET	AND DEATH
dec rmi rmi		1 a IMMEDIATI	, ,		v edem	a and r	ronchial	pneumonia		
the a		Canditions, if any, which gave		, OR AS A CONSEQUENCE OF						
of the nsit promatic		rise to immediate cause (a),	(b	<u>Metastatis</u>	carcim	onia to	right b	rain, probabl	у	
the designation of the second		stoting the underlying couse	DUE TO	, OR AS A CONSEQUENCE OF	pan	creatie	3			
aquires tho physician. signed by burial-tran		last.	3)	)						
g phy go reque		PART 2. OTHER SIGNIFICANT COND	TIONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO	THE TERMINAL	DISEASE OR CONDIT	ON GIVEN IN PART I(a)		
The law re attending has been se as the th priarta	Š	190 DATE OF OPERATION 195 CO	NDITION FO	OR WHICH OPERATION WAS PE	CUDMEN	20g AUTOP	CV2	20b. IF YES, WERE FINDINGS	CONCIDENCE IN CERTI	CVINC
as last	IFICATION	THE DATE OF CRAFFICH	HDI I OH A	A THICH OF ENAMON WAS FU	TOKINGO			CAUSES OF DEATH?		ring
The transfer of the transfer o	CERT	21a. ACCIDENT WAS UNDERLYING	last t	ME OF INJURY	Tar. uc	YES X	NO 🗆	1 0 11 0 10	es	
YSICIAN: aspital ar certificate thed for u		OR CONTRIBUTING CAUSE OF DEATH	HOUR		210 HL	JW INJURY UCC.	OKKED (Enter natur	e of injury in Port 1 or Port 2	, Item 18.)	
STCI Spiritification of a final particular and a final particular an	MEDICAL	(If either, notify medical examine	}	P.M. 19						
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific Page 4 may be retained by the hospital ar attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending always director, page 3 should be detached for use as the burial-transit permit. Then, possible titled with the State Dept af Health prior to burial, crematian, ar remayal.	2	21d INJURY OCCURRED 21e. Pi	ACE OF IN.	EURY ( AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.	TORY ) 21f LO	CATION Street	or RFD No	City or Tawn	Caunty	Stote
DING I by th After I be d		22a   certify that (3) (this	haspital	attended the decease	d fram	3-21-69	19	to 5-11-69	9 + 196 K/M	XXXXXI <sub>nct</sub>
A P P P P P P P P P P P P P P P P P P P		MIN'S SOWAKS NY SACRETAR	CXXXXX	CXXXXXXXXX 1	9 and	that in Imv	) (aur) apınıan	death accurred an the d	ate and haur and	from the
OR: authorized		causes stated above,	(I) (we)	d d)'(did nat) yiew the l	oady after o	ieath.				
A SE DE SE		225 SIGNATURE			MA	ATTENIONS	C MED	220	DATE & GNED	
be ed - Ske			$\mathcal{L}$	Want 1	I V DEGR	EE PHYS	MED DIRECTO	R D STAFF	5/18/6	9
Page e fille		22d PHYSICIAN S NAME (Type)				22e ADDR	ESS YEAR TION	midal Dames	Dadad M	2
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the		WANE (1798)					VA MOS	pital - Perry	FOIDT, M	1.0
HO HO	23o	BURIAL, CREMATION, 23b. DA	ŢĒ	23c. NAME OF		CREMATORY	23d	LOCATION (City or Town)		Stote)
5 5 5 A		REMOVAL (Specify)	/ 18	/1060 Woxa	lawn	Lemete		Milroy Mif		Pa
	24	FUNERAL DIRECTOR	m	ADDRESS	enel la	111.1	2So REC'D BY REG		S SIGNATURE	
VR A15 (4 45M 1 69	1	HELLER FUNERAL	IOME-	Lewistown, X	enna.	1114	DATE MAY 2	6 1969 peli	melay Judy	1C

£-

1	1	16792 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE			791
HEALTH DEPT.		(Type or Print) — OF ESTI-	Day Year 2b HOUR 4 199 P.M
ny deloy is 2, and 3 to PM3. Poge	3 5	SEX 4 RACE S DATE DF BIRTH 6 AGE (In years IF UNDER 14 YEAR IF UNDER 24 HRS 20 DATE PRONOUNCED DEAD lost burthday) MONTHS DAYS HOURS MIN. Month & Day	Yeor 69 31 CE
PP PA		81RTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	19 7 M
te of es		niry) Ta. WIDOWED DIVORCED C	ECIL Md
ofter deoth  Gwe Poges Leng with for with the State		Election give street address) Union Hosp, Poor during most of working life even if retired)	126 KIND OF BUSINESS OR INDUSTRY
ママ は でんし	130	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 3d. NSDE CITY LIMITS? 13e STREET AND NUMBER Dedmission) STATE Page 13b COUNTY Chester Oxford YES NO 15 BC	x 279
24 hours in Item I r's Office es land z	14,	FATHERS NAME First Middle Lost Is. MOTHERS MAIDEN NAME First Middle Hess Emma J. H.	artings
hin nine nine pog hou	160	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or Linkingwin) (1 yes give war or dates of service) 16b, SOCIAL SECURITY NO 17 INFORMANT WITE G. Hess (Father) ADDRESS OCTO	ind, Pa.
ecuted withing" in perdical Exar edical Exar ermit. File		18. CAUSE OF DEATH (Enter only one couse per one for (o), (b), and (c) PART I. DEATH WAS CAUSED BY.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in itel Medical Einsit permit. Fevent within	П	IMMEDIATE CAUSE (6) ASYNCYRUS SILE to ANOWH LING.	Unki
be exe		DUE TO OR AS A CONSEQUENCE OF  Conditions, if ony, which gove  (b)  (b)	
should be the word "per to the Chief burial-transit in ony ever		rise to immediate cause (a), and the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
she o the o the purice burice		<u>bst.</u> {c)	
ficote ing t ded as o as o L. ond		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certifornament of which were considered used mova	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This of licate, be for a d be u or rem	ERTIF	210. EXTERNAL CAUSE WAS 21b. TIME OF NJURY Month, Doy, Yeor 21c HOW INJURY OCCURRED (Enter noture of in Jry in Port 1 or Port 2, Ite	YES NO D
進工 平 2	MEDICAL (	CAUSE OF DEATH STEP WATER While ST	
	×	21d INJURY OCCURRED  21e P.ACE DE INJURY (At home, form, street, at work at wo	County No. 12 199
CAL E. executor. Paged for CTOR: Purial,	·	22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection P. Inquiry [V]	
Sic. o. bu		death resulted fram: Natural causes , Accident , Suicide , Hamride , Undetermined manner	
JIY SICA Ty, please e eral director be retained RAL DIRECT		ACTUAL SUGNATURE  ACTUAL SUGNATURE  M.D. ASSISTANT MEDICAL EXAMINER  226 DATES	SIGNED
necessary, please execute the funeral director. Page 4 5 moy be retained for your or UNERAL DIRECTOR: Page Health prior to burial, erem		EXAMINER'S NAME (Type)  SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  ADDRESS (Street, city, town, or county)	4x 4, 1969
necessa the fun 5 moy TO FUNE Heolth	230	BURIAL CREMATION, 236. DATE 23c NAME OF CEMETERY OF CREMATORY 23d. LDCATION (Cuy or Town)	(County) (Stote)
	- 24	PLUMENT INDICATOR	VENATURE JAR
VR A15ME (5) 10M REV 1/68	Z	Miamelth topolor Aford a. DATMAY 6 1969	100
//			





1.m2		_		MAKYLAN	D SIMIF	DEPARIMEN	NI OF HEAL	IH	
/ *7		06794	O MOISIVI	F VITAL RECORDS,	301 W. F	RESTON STREE	ET, BALTIMOR	E, MARYLAND 2120	6793
	L				ERITE	CATE OF D			
# = 5# 42.	1. DI	CEASED-NAME  YPE or print) H. Cliffor	ā	Middle	т	Lost		DATE OF DEATH Month[	25. HOUR p
death. neral and 2 death.	<u> </u>	***			1	<b>Tuston</b>		lay 2	2, 196912.30
offer of the function of the f	3. SE		4. RACE			S. DATE OF BIRTH		6. AGE (In years last birthday)	IF UNDER YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
		Male	Whi			3/6/		60 YR	
haurs aft				WHAT COUNTRY?		NEVER MARRIE	U	INTY OF DEATH	
illed in 72 him 72	B .	th East, Md.		-A.	WIDOWED			ecil	Md
otable executed within 24 haurs after death cidan and campletely filled in by The funeral lease remaye carbon papers Regest 1 and 2 and in any event, within 72 haurs offer death		ITY OR TOWN OF DEATH Elkton	giye	NAME OF HOSPITAL OR INS estreet oddress) nion Hosp	inunom(m ital	nat in haspitol	during mast af	UPATION (Kind of work don- working life, even if retired lealer	126 KIND OF BUSINESS OR INDUSTRY Auto Sales
d v	13a.	USUAL RESIDENCE (Where deceased	lived, if institu	itian Residence befare	13c CITY OF		, INSIDE CITY LIMITS?	13e STREET AND NUMBER	
amp awe eve	odm	ssion) STATMaryland	135. COUNTY	Cecil	Nort	th East	ES NO X	R.D. #2	
and campletely fremave carbon in any event, with	14, 1	ATHER'S NAME First	M ddle	Last	l	5. MOTHER'S MAID	EN NAME First	Middle	Lost
d de d		Harry		Hust	on		Ida_	R. Crouch	Crouch
that the death certificated an.  by the attending physician transit permit. Then please commation, ar remayal, and n		WAS DECEASED EVER IN U.S. ARMEE es, no, or unknown) (c) yes give word Yes WW T	or dates of service)	221-07-24	17 134 M	informant rs. Ann	Huston	Address Nort	h East, Md.
cert g pt Ther mav		1B. CAUSE OF DEATH (Enter only		line for (o), (b), and (c)			<u> </u>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ath ii. iii.				Cardio Va		r Failu	ıre		15 min.
t de		41.		AS A CONSEQUENCE OF					
the of the office of the offic		Canditians, if only, which gove		Acute Myo	cardi	lal Inf	arction	1	5 days
that in. by 1 ans		nse to immediate cause (a),( stating the underlying cause(	DUE TO, OR	AS A CONSEQUENCE OF					
quires the physician signed by burial-tra		lost.	(c)						
rqui phy sign buri		PART 2 OTHER SIGNIFICANT CONDI				O THE TERMINAL D	ISEASE OR CONDITI	ON GIVEN IN PART 1(a)	
to to	×	Hepatomegal							
N: The law re ar attending the has been use as the ealth priar to	CERTIFICATION	190. DATE OF OPERATION 19b, CO	NOITION FOR W	HICH OPERATION WAS PE	REORMED	20a. AUTOPSY		20b IF YES, WERE FINDING: CAUSES OF DEATH?	S CONSIDERED IN CERTIFYING
등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등	RIFI					YES 🔏	NO 🗆		
AN: Il ar cate ar s		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M.		21c	IOW INJURY OCCUR	RED (Enter natur	e of injury in Part 1 or Part	2, Item 1B.)
pitch of fi	MEDICAL	(If either, natify medical examiner	)   P.M	. 19					
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ar director, page 3 shauld be detached for use as the burial-transit permit. Then please reshauld be filed with the State Dept. of Health priar to burial, commatian, ar remayal, and in	2	While Not while	ACE OF INJURY	OFFICE BUILDING, ETC.				City ar Town	County State
ING by 1 fter be o		22a. I certify that (I) (this-	hospital) of	tended the decease	d fram_	5/17		ta	19 <u>69</u> , that (I) (we) last date and haur and fram the
END Sed The Stid		saw the deceased aliv	g an/	7/ 22	9 <u> </u>	id that in (my)	(a) apinian	death accurred an the	date and haur and tram the
F F F F F F F F F F F F F F F F F F F		22b. SIGNATURE	() (wo) (silu	(did not) view ine	oudy differ	agam.		27	2c DATE SIGNED
d w		11111/1/	PIA	C- //1	DEG	REE PHYS	MED DIRECTO	R D STAFF D	5/24/69
TO HOSPITAL (Page 4 may be to FUNERAL Didirector, page director, page shauld be file		22d. PHYSICIAN'S Luis	M. Cu:	za, M.D.		322 ADDRES	rc		th East, Md.
OSP JNE Cron	230	BURIAL, CREMATION, 23b DA	TF .	23c NAME DF	CEMETERY DE	CREMATORY	234	LOCAT ON (City or Tawn)	(Caunty) (State)
O HOS O FUN Shaul	Bi	SPRONT (Specify) 5-2	5-69			Methodis			ecil Md.
	24	FUNERAL DIRECTOR	71		Box 22		So. REC'D BY REGI		
VR A15 [4] 30M REV 1/68	Gı	ant Funeral Hon	1e . C. Z.	North	East	, Md. D	ATMAY 2	7 1963 90h	well andre .



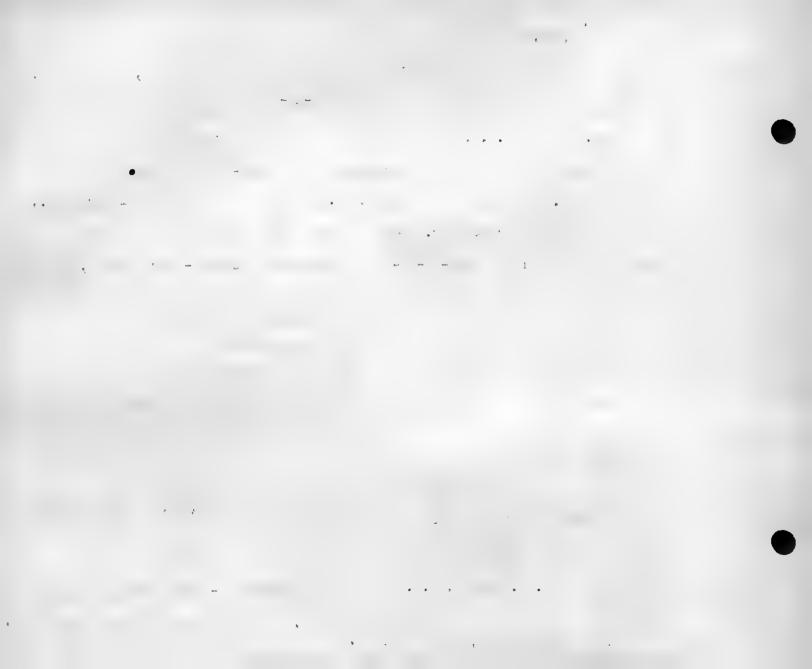
	_	1			DEPARIMENT OF HE		
- 2	1		16795 DIVISION OF	F VITAL RECORDS, 301 W. P	RESTON STREET, BALTIM	ORE, MARYLAND 21201	
parties .	-		1()130	CERTIFIC	ATE OF DEATH		0.0
-	2 2	i, D	EASED-NAME First	Middle.	Lost	20. DATE OF DEATH	06792 2b. HOUR
	and 2 death.		pe or print) ADELE	3.4 12		Month Day	H M
Ď	>	3, 5		11, 121/10		1.141 Y	7, 1969 3 PN
iffe	es for a series of the		EMALE W	1111-6	S DATE OF BIRTH	G   6 AGE (lif years lost of the day)	MUNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
57	by the fu Poges 1	1.7		MITTE	2/5/1	1K3	
Thou and	9	/0 {Ou	RTHPLACE (Stote or fore gn 7b. CITIZEN OF W	VHAT COUNTRY? 8. MARRIED	NEVER MARRIED 9.	COUNTY OF DEATH	
74	(28g)		PENNA D.	) A WIDOWED		CECIL	Md
.⊊	( Party	10.	Y OR TOWN OF DEATH	NAME OF HOSPITAL OR INSTITUTION (IF no street and ress)		OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
executed within 24 hours after death	\$ 5 × 3		27101	IMILAN HOSE.	1746 during/most	d mortified life and by Lating)	AT HORIE
20	omplete ve carb event,	130	SUAL RESIDENCE (Where desposed lived, if institution) STATE 136 COUNTY	on: Residence before 13c CTY OR	TOWN 13d INSIDE CITY . ALT	An attreet the stolling	
5		oom	son) STATE / a 13b COUNTY	CECIL ELA	TON YEST NO	116 THOKI)	ON DRIVE
ex	ond com remove in any ev	14	THER'S NAME First Middle	Lost 15	MOTHER'S MAIDEN NAME First	Middle	Lost
B	0 - =		HNTHONVA	OSLOSKI	MARCEL	LA BALA	-USKAS
	pieose remo I, ond in any		WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	Address	
- 72 di	physician en pieose oval, ond	1	s, no drunknown) (It yes give war or dates of service)	177-05-3902	CHARLES	TLIMOVITCH	ELKTOH,
ce t	lor Por The rot		8 CAUSE OF DEATH (Enter only one couse per I	line for (a) (b) and (c))	<u> </u>		APPROXIMATE INTERVAL
Ę	·를 _ 를		PART I. DEATH WAS CAUSED BY	13 1	0/1 ( . /	1 11 5	BETWEEN ONSET AND DEATH
qec	ottending phy permit. Then ion, or removal		205 / IMMEDIATE CAUSE (o)	Chronic	MIXCIOIS	LEUKEWIS -	3 XIZ
that the death certificate be on.	signed by the ottending physis buriol-transit permit. Then p buriol, cremation, or removal,		Conditions, if ony, which gove	AS A CONSEQUENCE OF			
₽ .	r the nsit p matic		ise to immediate couse (a). (b)—				
. £.6	\$ t 9		stoting the underlying couse DUE TO, OR ost.	AS A CONSEQUENCE OF			
requires th	signed by the buriol-transit buriol, cremati		, (1)				
			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO			
The law re	as been as the prior to	S		te bronchitis		atold Arthr	
e Figure	rs b as prio	FICATION	90 DATE OF OPERATION 196. CONDITION FOR WI	HICH OPERATION WAS PERFORMED	20o ALTOPSY?	20b IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CERTIFYING
ē 5	e ho use	CERTAF			YES 🔼 NO 🗆	Yo	2
PHYSICIAN: e haspitol ar	icate ho for use Health		To. ACCIDENT WAS UNDERLYING 21b. TIME COORDINATING CAUSE OF DEATH HOUR A.M.	OF INJURY 21c. HC	W INJURY OCCURRED (Enter no	sture of injury in Port 1 or Port 2, 1	em 18)
HYSICIA haspitol	温を書	MEDICAL	If either, notify medical examiner) P.M.	19			
HYS	this certi etached Dept. af	W	21d INJURY OCCURRED 21e PLACE OF INJURY While Not while	(AT HOME, FARM, STREET, FACTORY ) 216 LO	CATION Street or R.F.D. No.	City or Town	County State
± e = = = = = = = = = = = = = = = = = =	e de t						
DY 1	ter to the		22a. I certify that (I) (this hospital) att sow the deceosed alive an causes stated above, (I) (we) (did)	tended the deceased from	5 ,1966	, to 5-27, 19	69, that (I) (we) last
9.5	e Se		sow the deceased alive on	5-27-1969 one	that in (my) (our) opinion	on death occurred on the do	e and hour and from the
E ig	Shoul ith th		causes stated above, (I) (we) (did)	( <del>did not)</del> view the body after o	leath.		
OR ATTENDING	% S S S S S S S S S S S S S S S S S S S		12b SIGNATURE	20			ATE SIGNED
0 3	<b>E</b> 8 <b>E</b> 8		- William (	ppes MARGR	EE PHYS DIRE	CTOR L PHYS L 3/	18/67
ITA nay	Pe f		2d. PHYSICIAN'S NAME (Type)	APD EDDES	22e ADDRESS	KINST NEW	ILEK DEI
2 PP	N PER A		NO PLEIT	7(1) 2 / / 2 0			MINICIPEC.
TO HOSPITAL Page 4 may 1	O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be defacthed for use as the should be filed with the State Dept. af Health prior to	230.	BURIAL, CREMATION, 23b. DATE	23c NAME OF CEMETERY OR	CREMATORY	3d LOCATION (City or Town)	(County) (State)
0 9	200		UNIAC VIAY 31,1	969 HOLY TI	MIKINY Y	DEAR KEELTH	VALUE PA
	VR A15 (4) 45M - 1/69	15	NERAL DIRECTOR	ADDRESS ELKH	KYMOO NERVY	EG STRAR 256 REGISTRAR S	SIGNATURE
	45M - 1/69	L	LLINI ONEVECHEV	me x tradely)	DATE	000	7



	Ţt.	ems 18-22a Fi 3-63 ams nivisio	lm 414 MA	ARYLAND STATI	DEPA	RTMENT OF	HEALTH It	ems1&12 Filn LAND 21201 Item	nG417 ]	LO/LO/69kk
FOR STATE	í	16796		AL EXAMINE					06	795
HEALTH DEPT.		FCEASED NAME Fir		Middle				20, DATE KNOWN	Month Day	Yeor 2b HOUR
ay is 3 ta 90ge	L '	HE HE	LEN	\$.		CCLINTOC		DEATH MATED	5 30	19 69 VV; aM
delay	3. \$	X 4. RACE	S DATE OF BIR		E (in years birthday)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	2c. DATE PRONOUNCED DI Month Do	FAD	2d HOUR
de d		Female White	1-10					May	30 31 Y	1969 11:aM
E 2 E		STRTHPLACE (State or foreign fry)	7b. CITIZEN OF WH			RIED MEVER MA		INTY OF DEATH		
Pages Vith far	_	ITY OR TOWN OF DEATH	J.5.	AME OF HOSP TAL OR IN		had	ORCED 120 WSUAL DI	Cecil	done 125 t	Md,
after death.  8. Give Pages along with far with the State beath.	"	LOngs Point M		treet oddress) ohemia Riv		(1) 1:O1 (II GOSPIGO	gnt did was d	A PAL O'S & ELFO TO HE	(NDUS	KIND OF BUSINESS OR
after de along w with the death.	130.	USUA. RESIDENCE (Where dece	osed lived, if institu	tion. Residence before	13c CITY	OR TOWN	3d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	R NO	Fthrup Co.
haurs after death Item 18. Give Pages 1, Office along with farm I and 2 with the State Di after death.	0	dm ssion) STATE Pa	T3b COUNTY			ngton	YES NO	Box 144 L	ine Le	vindon PA
them 18 Office Office after d	14. f	ATHERS NAME First	Middle			IS MOTHERS MA	DEN NAME Fiest	Middle		Lost
		CHARLES	Mic	SHOEMARK		8/12	ABETH	,	KNOIYA	GHAN
20 / 00 7		WAS DECEASED EVER IN U.S. ARMED es_po_pr_unknown)   (If yes gi	FORCES?	16b. SOCIAL SECURITY N		7. INFORMANT		ADDRESS		1467CM, 24
\$ 00 b / 9 8		740		159-20-91		ALPWEL	4 ) . 1	NO CLIMA	OCK	APPROXIMATE INTERVAL
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per a							BETWEEN ONSET AND DEATH
e executed pending" iq ef Medical nsit permit. I		IMMED	IATE CAUSE (o)	Probab		rowning		<u> </u>		
be ey inef N insit p		Conditions, if any, which gove	)	AS A CONSEQUENCE OF						
		rise to immediate couse (a), stating the underlying couse	(D)	AS A CONSEQUENCE OF		-				
e shauld be executed the ward "pending" in ta the Cilief Medical burial-transit permit.		last.	(6)							
9 = - = 8		PART 2 OTHER SIGNIFICANT COM	DITIONS CONTRIBUTI	NG TO DEATH BUT NOT	RELATED 1	TO THE TERMINAL I	DISEASE OR CONDITIO	ON GIVEN IN PART 1(o)		
writing writing rwarded rsed as c	2									
INER: This certificate, writ should be farwar files. 3 should be used actions of the control of	CERTIFICATION	190. DATE OF OPERATION		19b. CONDITION FOR V WAS PERFORMED		RATION				20 AUTOPSY?
ER: This certificate, certificate, could be faces.	RTE	210 EXTERNAL CAUSE WAS	DIL TUIT OF	NJURY Month, Doy, Yea		L. HOW INTERS O	CCURRED IT	, D 1 D	102 10	YES NO
Tiffication of the ball of the	3	PRIMARY X OR CONTRIBUTING	I HOUR A	M.				are of injury in Port 1 or P	ort 2, item 18	-)
NER thau tiles sho atia	WED (	CAUSE OF DEATH  21d INJURY OCCURRED 21e		WK $5-30$ 19 At home, form, street,		If LOCATION Street	robably	Cty of Town	Cou	unty State
			octory, office buildin	g, etc) water				ngs Foint M		
		220. I certify that I	took charge of th	-						and in my apinion
ICAL E. Executor Page ed for Page burnal,		deoth resulted from:		ses , Acciden		Suicide .	Hamicide		· /	ond in my apinion
please director retainer or to b		5V	11	1, 1	· 1	- Logarity	JEF MEDICAL EXAMIN	_		
ry, please e eral director be retained RAL DIRECTOR prior to bu		ACTUAL SIGNATURE	~\s\ \mathcal{T}	10115			SISTANT MEDICAL EXA		b. DATE SIGNE	:D
PUT Sary John Puner		EXAMINER'S					PLTY MEDICAL EXAM		ne, 1,	1969
necessary, please en the funeral director 5 may be retained for FUNERAL DIRECTOR Health prior to bu		NAME (Type)		F. Wilson		υ	DRESS(Street, city, to			
5 x = ~ 5 x	230	BURIAL, CREMATION 23 REMOVAL (Specify)	DATE -4-69			OR CREMATORY	1:00 230	10CATION (City or Town)	150	
		REMOVAL (Specify)  REMA TO THE		RUENT		urel IX	250 PEC D RV DE	GISTRAR 25b REGJE		
VR ALSME (5)	سم ا	AFR FILLER	A 1 TO			ZAR CITY	- ININ	1 1969 100	confa	Vendar.

42 John Bg.,

1	+	6/9/69 kk	DIVISION OF VITAL RECORD	ND STATE DEPARTM S, 301 W. PRESTON STR		MARYLAND 21201	
			797	CERTIFICATE OF	DEATH		06796
Je of 2		DECEASED NAME First (Type or print)	Middle Mill:	Lam MC GRE		E OF DEATH  Manth  May 3. 3	2b HOUR 10:00 M
Softer	3	Male	4 RACE White	S DATE OF BIL		6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
rs Pag haurs	70	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARI	RIED N COUNT	Y OF DEATH	
72		Penna.	U.S.A.	WIDOWED DIVOR	CED C	ecil_	Md
eyent, within 72		Perry Point	give street oddress) VA	NSTITUTION (frot in hospital Hospital		TION (Kind of work done king life, even if ret red)	12b KIND OF BUSINESS OR INDUSTRY
n any event	adi	n SSIGN) STATE Penna.	ised lived if institution. Residence before 33b COUNTY	Phila.	YES NO 13	e STREET AND NUMBER 1207 F1s	shers Ave.,
<b>6</b> )	14	FATHER'S NAME First	Middle Last	15 MOTHER'S MA	IDEN NAME First	Middle	Lost
	L	Thom		Dec) Marga	ret	P. Me	Garvey
transit permit. Then please crematian, ar removal, and i	16	o WAS DECEASED EVER IN U.S. ARI Yes no, or unknown) (1 yes give Yes W	MED FORCES? wor or datas of service) W II   215 ÷ 58 ÷ 3	7016 17 INFORMANT 3+15 VA Hosp	ital Record	Address	int, Maryland
em c		18 CAUSE OF DEATH (Enter or	n y ane cause per line far (a) (b), and (	c))			APPROXIMATE INTERVAL BETWEEN ORSET AND DEATH
. Ja		PART 1 DEATH WAS CAUSE IMMEDI	IATE (AUSE (a) Acute pu	lmonary edema			Sudden
permit. The Ian, ar remo	П	41-12	DUE TO, OR AS A CONSEQUENCE O	f Congestive	Heart Fail	ure	
transit		Canditians, if any, which gave rise to immediate cause (a).					
burial, crer		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE O			ic	
purial,		last		ary Heart Dise			
1	П	PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION	GIVEN IN PART 1(e)	
	NO.	190 DATE OF OPERATION 19b	CONDITION FOR HUBBLE COST LT OF THE				
1	CERTIFICATION	190 DATE OF OPERATION 190	CONDITION FOR WHICH OPERATION WAS		C1	b IF YES, WERE FINDINGS (O USES OF DEATH?	NSIDERED IN CERTIFYING
		21a. ACCIDENT WAS UNDERLYIF	NG 215 TIME OF INJURY	YES XX	NO		
5	MEDICAL	or contributing cause of DEA (If either, notify medical exami	HOUR A.M Manth Day Yea	r 19		injury in Part 1 ar Part 2, It	
1	1	While Not while of work of work		ACTORY.) 21f LOCATION Street		City or Town	Caunty State
State Dept. of Health prior to		22a. I certify that XXX (th	ns haspital) attended the decea show (and the decea e, (1) (we), and (d.d. nat) view th	sed from May 27	, 19 <u>.68</u> , ta	May 3, 196	tyckiowakiktesty e
the	L	causes stated above	e, (I) (we)/aid) (d.d nat) view th	e baay after death.	/) (our) apinion ded	in occurred on the dot	e and nour ond from the
with the		22b SIGNATURE		*		22c D	ATE S GNED
p /		/./	Janua W	DEGREE PHYS	G MED. DIRECTOR	PHYS. XX 4	May 69
shauld be filed	П	22d PHYSICIAN S NAME (Type)	D GADGEA M.D.	22e ADDR			7
q pı	L	MAINT (14be)	R. GARCIA, M.D.	VA	Hospital -	Perry Point	Maryland
suan	234	PERMOVAL & Constitution of the Control of the Contr		F CEMETERY OR CREMATORY Sepulchre (em.		ATION (City or Town)	((ounty) (State)
	24	CHAMDAL DIRECTOR'	// S () ( //10/00 // 10/00 //		2So RECD BY REG STRA	R 25h REGISTRARS	IGNATURE
5 (4)		Lee in variety	son & Son, Territor	will Mil.		969	an Cudate.
	-	de 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CARLA CLARACTOR	00011111			/



•	Ι ,	1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR S	STATE 'C'	1	06798 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	16707
HEALTH	L-DERT.	1 (	DECEASED-NAME Lost 20. DATE KNOWN Manth	Doy Year 2b HOUR
3 to	184		VI MAN I PERENTEN / N'CE 3 - DEATH MATED 3 -	5- 1969 4.M
ny deloy 2, and 3 1 PM3. Par		3 :	A RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 24 HRS 2c DATE PROMOUNCED DEAD MONTHS DAYS HOURS MIN Month 5 Day 5	Year 69 2d Hour
	e Depar		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED D	eil Md.
fter death Give Pages	the Stat	10	CITY OR TOWN OF DEATH  1). NAME OF HOSPITAL OR INSTITUTION (I not in haspital during most of working life, even if retired)  CITY OR TOWN OF DEATH  (III OR TOWN	126 KIND OF BUSINESS OR INDUSTRY
s offer 18 Giv e along	deoth.	130	USUAL RESIDENCE (Where deceased I ved, if instituting. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER Chespectacity YES NO Bonenday	ive.
24 hours o in Item 18 ir's Office o	pages land 2 with the State hours after death.	14.	FATHER'S NAME First Middle Lost Is. MOTHER'S MAIDEN NAME First Middle Bessee Lucinda	Brown
INER: This certificate should be executed within 24 hours offer death in certificate, writing the word "pending" in pencil in Item 18 Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with farm	He pages 72 hours	160	WAS DECEASED EVER IN U.S. ARMED FORCES? DULL 166 SOCIAL SECURITY NO. 17 INFORMANT (fes, no. or unknown) (If yes give we red dones of single) 222-12-8424 Margaret Price (wife).	hes appentice dix
ted v	iit. Fil		18 CAUSE OF DEATH (Enter only one couse per ne, far (o), (b), and (c))	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
e execute pendingi ef Medical	perm nt wi		PART I DEATH WAS CAUSED BY.  410 9 IMMEDIATE CAUSE (a) Acute Myo candia Infrarction  DUE TO, OR AS A CONSEQUENCE OF	5/3 hrs.
be 'pe	ansit		Conditions, if only, which gave )	
should e word or the C	buriol transit permit. File I in ony event within 72		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
ertificate st writing the	as o b	22	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
This certificate cate, writing the be forwarded to	d be used are or removal,	CERTIFICATION	196 DATE OF GPERAT ON 196 CONDITION FOR WHICH OPERAT ON WAS PERFORMED?	20 AUTOPSY? YES NO NO
ER: This creatificate, ould be fo	files. 3 should b totion, or	MEDICAL CER	21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M 19	am 18)
the the 4 short	your files. loge 3 shou cremotion,	ME	21d INJURY OCCURRED 21e. PEACE OF INJURY (At home, form, street, while more while factory, office building, etc.)  21f LOCATION Street at R.F.D. No. (ity or Town)	County State
EX Cute	r your t: Poge ol, crem		AT WORK AT WORK	
CICAL EXAMINER: se execute the cert ector. Poge 4 should	oined for IRECTOR: P to buriol,		deoth resulted from: Notural couses [ ], Accident [ ], Suicide [ ], Homicide [ ], Undetermined monner	p one in my opinion
please	RAL DIRECT		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 226 DATE:	SIGNED
TO DEPUTY DICA necessory, please ey the funeral director.	5 may be retained for your O FUNERAL DIRECTOR: Page Health prior to buriol, crem		EXAMINER'S NAME (Type)  John M. Byers, M.D., DEPUTY MEDICA. EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPU	tron, Ma.
<b>5</b> a €	2 P X	236	REMOVAL (Specify)	(County) (State)
		24	Burial 5/8/69 Hickory Grove Cemetery Port Penn Address 250 REC D BY REGISTRAR 250 REGISTRAR 250 REGISTRAR 250 REGISTRAR 250 RECORD RECORD REGISTRAR 250 REGISTRAR 250 REGISTRAR 250 REGISTRAR 250 RECORD RECORD RECORD REGISTRAR 250 RECORD RECO	Delaware SIGNALIRE
	R A15ME (5) IM REV 1/68	]	Hicks frome for Funerals, Elkton, Md. MAY 15 1969 Thomas	A Jung



8	1		06799		301 W. PRESTON STREET, BALTII		
			00155	C	ERTIFICATE OF DEATH	•	06798
	death.		ECEASED-NAME First Type or pnnt) EDD	DIE RAINEY	Lost	20. DATE OF DEATH	1989 5:30 M
	the filtre	3. \$	Male	4 RACE Negro	S. DATE OF BIRTH 5-4-96		FUNDER YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
	in by ers P	70. cov	BIRTHPLACE (State or foreign 7	b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED X NEVER MARRIED S WIDOWED DIVORCED	COUNTY OF DEATH	cil Md.
	ithin 24 iy filled on pape within 72		CITY OR TOWN OF DEATH	1) NAME OF HOSPITAL OR INST	FITUTION (If not in haspital Point, Md 12g USUAL during mas	OCCUPATION (Kind of work done st af warking life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY
	completely completely ove carbon y event, wi	130			13c CITY OR TOWN 13d INSIDE CITY LIM Baltimore YES X NO.		Avenue
	and cd	14	FATHER'S NAME First Unknown	Middle Lost	15. MOTHER'S MAIDEN NAME FIR Unknown	st Middle	Last
	ificate by ysician please of, and i	16a	I. WAS DECEASED EVER IN U.S. ARMEI Yes, no. or unknown)   (If yes give war	D FORCES? or dofes of service) TW 1 215100095	O 17. INFORMANT	Address	
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital are aftered in physician.  D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers Profess, and should be filed with the State Dept. at Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death	-	18. CAUSE OF DEATH (Enter anly PART I DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause kast	one cause per line for (a), (b) and (c) BY E CAUSE (b) Pneumonia  DUE TO, OR AS A CONSEQUENCE OF  (b) DUE TO, OR AS A CONSEQUENCE OF  (c)			APPROXIMATE INTERVA. BETWEEN DIMSET AND OLATH
7	PHYSICIAN: The law re the haspital ar attending this certificate has been stacked for use as the been. Betterhed for use as the been. The first haspire to be the first haspir	CERTIFICATION		ONDITION FOR WHICH OPERATION WAS PER	YES NO 🔀	206 IF YES, WERE FINDINGS CON CAUSES OF DEATH?	
	# b # 1 5	ਤ	210. ACCIDENT WAS UNDERLYING OR CONTR BUTING CAUSE OF CLATH (If either, notify med cal examine	HOUR A.M. Month Doy Year P.M. 19		noture of injury in Port 1 or Part 2, Item	m 18)
	the has	WED	at work at work		ORY ) 21f LOCATION Street or R.F.D. No.	,	County State
•	TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far ushould be filed with the State Dept. of Heal		22a. I certify that () (this	haspital) attended, the decease ve an 5-4-16 (M) (we) (did) (aid not) view the b		22c. DA	that (0) (we) last and haur and fram the
	may be ERAL DI		22d. PHYSICIAM'S NAME (Type) J. R.	GARCIA, M.D.	22e ADDRESS	ry Point, Md.	
	Poge 4 may O FUNERAL ( director, pag should be fil	230	BURIAL TREMATION, 236 DA		EMETERY OR CREMATORY  THE BAIL MOTE		(Caunty) (State)
	VR A15 (4)	24.	FUNERAL DIRECTOR	ADDRESS	25a REC'D BY		GNATURE
	30M REV. 1/48	J	.B.JOHNSON ]	1900 Eutaw Pl., Ba	lto., Md. DATE MAY	9 1969 yours	00



	1		06800	DIVISION OF VITA	AL RECORDS,	301 W. P	RESTON STRI	EET, BALTIMOR	E, MARYLAND	21201		
			1111000		(	ERTIFIC	ATE OF I	DEATH			067	99
	# -24 # -24		ECEASED-NAME First Type or print)		M.ddle		Lost	20.	DATE OF DEATH	P	V.	2b. HOUR P
	death.	L	RO	MAN H. SAWE	CKE				Month	у 7 <sup>, Dоү</sup> 1	L969eor	2:30 M
	hours after in by the fu- is, pages hour fee	3 S	Male	4 RACE White			5. DATE OF BIRTH 1-27-86		6. AGE (In	ngay)	IF UNDER YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
	100 A 30	70 cou	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT CO	DUNTRY?	8 MARR.ED [	NEVER MARR	160 St. 9 COI	UNTY OF DEATH			
	24 in appear		Maryland	U.S.A.		WIDOWED [	DIVORC	ED 🗆			ecil	Md
	within bon puthin	Pe	CITY OR TOWN OF DEATH	give street o	ospital	TITUTION (If re	ot in hospital	during most of Guar	UPATION (Kind of w working life, even i d	rork done firetired}	12b. KIND OF INDUSTRY	BUSINESS OR
	requires that the death certificate be executed within 24 hours after death. 9 physician. 5 special physician and completely filled in by the funeral 5 buriol-tronsit perm 1. Then please tomove corbon papers, Pages and 2 buriol, cremation, or removal, and in on, event, within 72 hours are death.	130 odm	USUAL RESIDENCE (Where deceonssion) STATE MD	sed lived, if institution R 13b COUNTY	esidence before	13c (ITY OR B <b>alt</b> i		YES NO	13e STREET AND N	IUMBER	gton Av	enue
	P S Ou	14.	ATHER'S NAME First	Middle	Lost	15	MOTHER 5 MA			Middle		Lost
		L	George Saweck					et Lenen	duski			
	in ar	160.		use or dollar of canacal	social security n .2 28 29		VEORMANT DO	a and a		Address	lack Mal	
	certit p phy hen novc	H	yes WW				VAH Re	corus	VAH, Per	ry Pol		MATE INTERVAL
	physician.  physician. signed by the ottending physician. buriol-tronsit perm 1. Then pie		18 CAUSE OF DEATH (Enter or PART 1 DEATH WAS CAUSE		nchopne		a. hila	ateral			BETWEEN O	NSET AND DEATH
	offen offen ion, or		185x	DUE TO, OR AS A CO		V 0 8.12		.002 04.2			+	
	the the sit but the nation		Conditions, if ony, which gove rise to Immed ote couse (o),			of pr	ostate	w/wides	pread me	tasta	sis	
	tha lan. by fron cren	ı	storing the underlying couse	DUE TO, OR AS A C	ONSEQUENCE OF							
į,	equires that the physician. signed by the buriol-tronsit buriol, cremati		last.	(c)								
.7	the low requires the offending physician has been signed by is os the buriol-tropies os the buriol, creptor to buriol, creptor of the object o		PART 2. OTHER SIGNIFICANT COI						ON GIVEN IN PART 1	(a)		
\	ow nating peen peen to the for to	II OK	Arteriosc 190 DATE OF OPERATION 19b.	lerotic co	ronary FRATION WAS DEP	FORMED	y disea		20b IF YES, WERE	EINDINGS CO.	ACIDEDED IN CI	EDTIEVING
	The low ratending e has been use as the old hariarto	CERTIFICATION					YES - ST-	NO [T]	CAUSES OF DEATH?			WHI LING
	IAN: 1 ol or dicate for us Heolt		210. ACCIDENT WAS UNDERLYIN	IG 216 TIME OF INJUR		21c HO			of injury in Port 1			
	IYSICIA hospitol certifice ched fo pt. of He	MEDICAL	OR CONTRIBUTING CAUSE OF CEAT	H HOUR A.M Mor	1th Day Year 19							
	Per his	M	21d INJURY OCCURRED 21e. While Not while at work	PLACE OF INJURY (AT HO)	ME, FARM, STREET, FACE BUILDING, ETC.				City or Town		County	Stote
	ATENDING etained by th CTOR: After t should be di		22a I certify that (1) (the saw the deceased a	is haspital) attended	the decease	d from	10-4-	. 1965 .	to5-7	<del>-</del> , 19_6	29_, that	(A) (we) last
	SPITAL OR ATTENIA 4 moy be retained 4 moy be retained VERAL DIRECTOR: P for, page 3 should lid be filed with the		causes stated above	nve_on	ot) view the b	odv after d	ithot in (#1445) eath	(our) opinion (	death accurred o	in the date	and hour	and fram the
	R ATTENI retained ECTOR: A 3 should with the		22b. SIGNATURE					MEG	CTAFF		ATE SIGNED	
_	DIRE 3		U.L	- Moone	4. M. T	). DEGRI	11113	DIRECTO	R D STAFF {	X 5	5-8-69	
	ITAI moy RAL po po be fi		22d. PHYSICIAN'S NAME (Type)	L. MOONEY.	M.D.		22e ADDRE		7 17	Deduct	3.5.3	
	O HOSPI Poge 4 r D FUNER director, should i	230	GURIAL CREMATION, 23b.		23c NAME OF C	EMETERY ARM		HOSDITA	1, Perry			malls of
	TO HOSPITAL OR ATTEN Page 4 moy be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	L	REMOVAL (Specify)	1/12/69	Loude	m V	ubs	nul 2	COLLEGE OF STATE OF S	21. 6	(County)	ela Mo
	45M - 15 24		nning ton & 50	n, Havre do	ADDRESS Crece	r, hard	/	DAMAY 1 2	1969 25b R	EGISTRARS SI	GNATURE	ar.



	MARYLAND STATE DEPARTMENT OF HEALTH  OCROT  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	06801 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	06300
HEALTH DEPT.		Dy Yeor 25 HOUR
	To Deceased Name (Type or Print)  JOHN  EDWIN  SCOBY  To Date Known Month Do OF ESTI.  Death Mated May 2	1, 19692:00
P 2 30	3 SEX 4. RACE S DATE OF BIRTH TO AGE IN VIGOR 1 IF JNDER 1 YEAR IF JNDER 24 HRS 27 DATE PRONOLINGED DEAD	2d HOUR
2, and 3 ta PM3. Page	Male White	Year 1969 2:00M
22.8	70 STRTHPLACE (State or foreign 75 CTT/FN OF WHAT COUNTRY? IS MARRIED 77 INFVER MARR	
for for far	Michigan U.S.A. WIDOWED DIVORCED Cecil	Me
death		KIND OF BUSINESS OR
hours after death ony delay from 18 Give Pages 1, 2, and 3 Office along with farm PM3. Poly 10 office along with the State Department	E1kton    Give street address    during most of working   fe, even if ret red   IND	
with all	odm.ssion) STATE Maryland 13b (OUNTY Cecil Elkton YES \(\sigma\) NO \(\sigma\) Rd. 1, Box 106	
hours after 18 Giffice alon 18 Jund 2 with after death	14. FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Last
4 4 2 4		
thin 24 miner's miner's pages haurs	Charles S. Scoby  Iba WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no. or unknown) ( five save war or dates of service)  16b SOCIAL SECURITY NO 17. INFORMANT R.D.1 Box 1995SS	Nelson
withi penc xamii ile po	(Yes no, ar unknown) (f yes give war or dates of service) 382-14-8474 Mrs. John E. Scoby, Elkton, Md.	
ed v in 7 in 7	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rainal be executed vard "pending" in the Chief Medical E. of-transit permit. F any event within	PART I DEATH WAS CAUSED BY: Shotgun wound of head	or our succession
exe endiend if pe	1 5 DUE TO, OR AS A CONSEQUENCE OF	
- per Library	Canditions, if any, which gave ) rise to immediate cause (a), (b)	
A de Care	storing the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
A share to the share of the sha	(c)	
INER: This certificate shauld be executed within 24 hours after death the certificate, writing the ward "pending" in pencil in Mem 18 Give Page shauld be forwarded to the Chief Medical Examiner's Office along with files.  3 should be used as a burial-transit permit. File pages land 2 with the Stall nation, or remayal, and in any event within 72 haurs after death	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ward ward ed c	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
is conformation for the use use	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of source in Part 1 or Part 2 Item.	YES NO TE
MINER: This the certificate, a should be to rilles. In files.  The standard be used a should be used should be used should be used.		
(AMINER: te the certi je 4 shauld raur files. age 3 shau crematian,	PRIMARY TO CONTRIBUTING TO SHOULD AM 5-21- 1969 Self-inflicted shotgun wound to h	ead
MIN the trill s 3 s mat	and the state of t	County State
L EXAM cecute the Page 4 far your DR: Page	WHILE MOT WH. E AT WORK AT WOR	ecil M.D.
	220. I certify that I took charge of the remains described above, held an Autapsy	ond in my opinion
ITY DICK.  Try, please e eral director be retained RAL DIRECT prior to bu	death resulted fram: Natural causes , Accident , Suicide . Hamicide , Undetermined manner	j
directed directed and the second seco	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	
ury, pleteral dil	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER EX. 220 DATE SIGN	1/69
o DEPUTY necessory, in the funeral series of the funeral series of FUNERAL Health, price	EXAMINER'S NAME (Type) Ronald N. Kornblu, M.D. ADDRESS(Street, City, town, or county)	1/09
necessary, the funera 5 may be 70 FUNERA Health, pri	230 B_RIAL (REMATION 23b DATE 23c NAME OF (EMETERY OR (REMATORY 23d 10(ATION (City or Town) (Co	unty) (State)
	REMOVAL (Specify) Burial 5/24/69 Dale Cemetery Gladwin County. M	
	24 FUNERAL DIRECTOR 250 REGISTRAR 256 REGISTRAR 256 REGISTRAR 5 SIGN	MATURE
VR A15ME (5) 10M REV 1/68	Hicks Home for Funerals, Elkton, Md. 21921 DAW V 26 1969 Thomas	3 Judge



MARYLAND STATE DEPARTMENT OF HEALTH 06802 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH uneral 1 and 2 er death. he low requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) b. COUNTY a. COUNTY FC.1L MARYLAND b CITY OR TOWN (if gutside carparate I mits, C LENGTH OF STAY IN 16 ( CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest town) write RoRAL and give negrest tawn) RURAL- PORT DEPOSIT e. IS RESIDENC d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ON A FARMS YES NO F 3 NAME OF Middle 4. DATE Manth Dov Year Last DECEASED OF DEATH CHARLOTTE SIMMONS 19 6 9 IF JNDER 24 HRS AGE ( n years IF UNDER 6. COLOR OR RACE NEVER MARRIED 7 MARRIED DZ Months WHITE FEB, 11, 1893 WIDOWED DIVORCED 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)
HOUSE WIFE COUNTRY ? INDUSTRY CO, MD. CECIL HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME THOMAS DEL'ONSHIRE A. FOUNDS CLARA 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates af service) 214-26 - 7502 17. INFORMANT CLESLIE SIMMONS, PORTDEPOSIT, MO. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) buriol-tronsit PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to mimediate cause (o), DUE TO stating the underlying couse Page 4 may be retained by the haspital or attending Heolth prior to PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ita) WAS AUTOPS this certificate has PERFORMED? NO N YES F DAY SOM 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of miury in Port I or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) director, page 3 should be detache should be filed with the State Dept. 20f (City or tawn) (County) (State) TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form Hour a.m. Nat While factory, street, office bldg., etc.) at wark O FUNERAL DIRECTOR: After 21 1 certify that (i) (this haspital) attended the deceased fram 1-15 196 1, to 5 ~14 1965, and that death accurred at 2,355 AM, from causes and an the date stated above. 5-14 saw the deceased alive an\_ 22o. SIGNATURE ATTENDING PHYS M.D. DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 236 BURIAL FREMATION, REMOVAL (Specify) 23d LOCATION (City or Tawn) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) HOPEW BLL PORT DEPOSIT NI DA 2Sq REC'D BY REGISTRAR ADDRESS 25b. REGISTRAR 5 SIGNATURE 24 FUNERAL DIRECTOR POLL M. REED. RISING SON, MO VR A15 (4) { 20 M 1/66

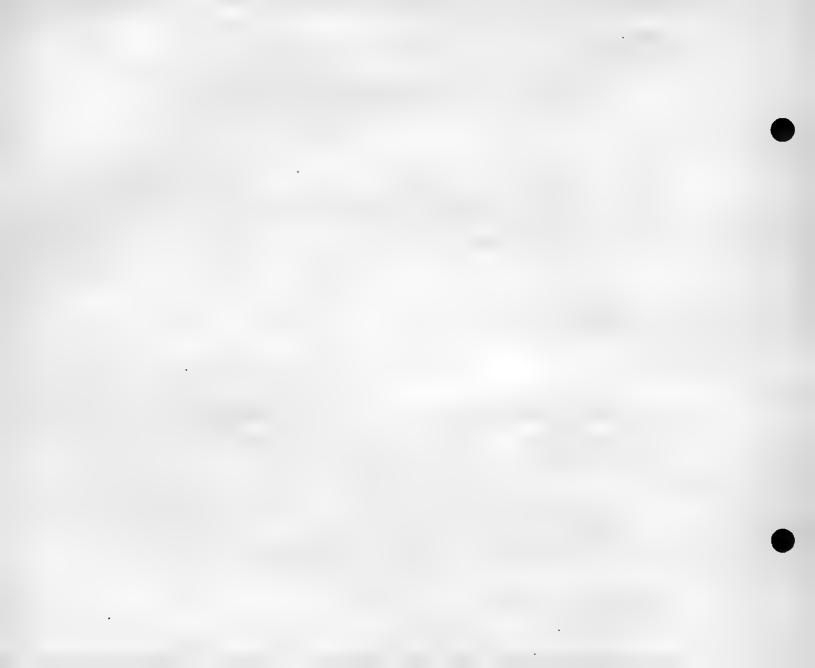


	<u> </u>		1		06803	DIVISION	MI. OF VITAL RE	CORDS. :	U STATE D 301 W. PRES	TON STREET, BAL	HEALTH TIMORE, MARY	LAND 21201		
	FOR S	TATE.		Ιt	or#5,Filr	nG413 6	/2/MEDIC	AL EX	AMINER'S	CERTIFICATE	OF DEATH		068	02
	HEALTH			1 DE	ECEASED-NAME (ype or Print)	First			Middle	Lost		20 DATE KNOWN Mont	h Day Ye	or 2b HOLR
	oy is 3 to Poge	EM				Stepher			nner	SMITH		DEATH MATED May	23 1	19692:49
		E		3 SE		RACE	S DATE OF BIR		6. AGE (In ) last birthd	edis F UNDER YEAR  Py) MONTHS DAYS	IF UNDER 24 HRS HOURS MIN	2c. DATE PRONOUNCED DEAD Month Day	Year 19	2d HOUR
	7y de 2, and PM3	à			BIRTHPLACE (State or	Cauc.	MA Apri			YRS.	I DOUTE DE LA COL	UNTY OF DEATH	19	M
1	- E	e C		coun'	iry) Indiana	oreigi	U. S. A			MARRIED NEVER M. WIDOWED DIV	700	Cecil		44.
`	rh nges	- S		10. C	ITY OR TOWN OF DE	EATH	11 N/	AME OF HOS	PITAL OR INSTITU	TION (If not in hospital	1 12a. USUAL O	CCuPATION (Kind of work dan		F BUSINESS OR
	ded e Pro wit	hes		В	ainbridge		, 9 <b>5</b> t	ation	Dispen	sary, NTC	during most o	of working life, even if retired	) INDUSTRY	Navy
	fter Giv ong	# #	4	13a	USUAL RES DENCE (	Where decease	ed Ivad if institu	tion Reside	ence before 13c.	CITY OR TOWN	ad INSIDE OTY JIM 153	13e, STREET AND NUMBER		•
	18.0 18.0 18.0	2 w			dmiss on) STATE I			nder		ansville		1216 South Li	nwood A	venue
	hou Item Offic	land 2 with after deoth	,	14. F	ATHER'S NAME	First	M.ddle		lost	is. Mother's MA	IDEN NAME First	Middle		Lost
	24 in l	pages land2 with the St hours after death	)	140 1	WAS DECEASED EVER I	race	Henr		SMITH SECURITY NO	17. INFORMANT	TIES MITT	ADDRESS		
	within 24 hours after death pencil in Item 18. Give Pages commers Office along with				es, no, or unknown)		rar or dates al service) 2 days				al Navy R			
	Exo	urial-transit permit. File in any event within 72			IB. CAUSE OF DE									KIMATE INTERVAL
	ute 1g" Ircal	mit.			PART I. DEAT	H WAS CARISED	RV-			E INJURIES				inutes
	exec indin	n ber			1 /	(MAYED DA)	DUE TO, OR						7.0	Induces
	be ::pe	ansil			Conditions, if any, use to immediate		(b)A	UTOMO	BILE AC	CIDENT				
	vord	al-tr any			stoling the under		DUE TO, OR	AS A CONS	EQUENCE OF					
	sho ne v	buri Lin			ids!	,	(c)							
	INER: This certificate should be executed within 24 hours after death se certificate, writing the word "pending" in penal in Item 18. Give Page should be forworded to the Chief Medical Examiner's Office along with	your tiles.  *oge 3 should be used as a burial-transit permit. File cremation, or removal, and in any event within 72			PART 2 OTHER SIGN	MF CANT CONDI	TIONS CONTRIBUTI	NG TO DEA	TH BUT NOT RELI	ATED TO THE TERMINA,	DISEASE OR CONDITIE	ON GIVEN IN PART 1(a)		
0	vritin vorc	ed o	,	TION	19a. DATE OF OPER	ATION		19b CONDI	ITION FOR WHICE	OPERATION			20 AU	ITOPSY?
0	is ce for	e us	yl-	THICA				WAS	PERFORMED?				YES	мо 🔀
	<del></del>	ld b		MEDICAL CERTIFICATION	21d EXTERNAL CAU PRIMARY (X) OR CO		216 TIME OF HOUR A.		th, Day Year	21c. HOW INJURY C	CCURRED (Enter nati	ire of injury in Port 1 or Port 2	, Item 18)	
	biCAL EXAMINER: se execute the cert ector. Page 4 should	les. shou tron,		DICA	CAUSE OF DEATH		noon b	bx May	231969	Occupant	of automo	obile that ran		
	MIN the	e 3	p	室	21d INJURY OCCUR	RED   21e P	JACE OF INJURY (; lary, affice build n	At hame fa g, etc)	rm, street,	21f LOCATION Stree		City or Town	County	Stote
	L EXA ecute Page	S 5 7	-3		AT WORK AT W	ORK X Hi	ghway Ro	ute f	222			of Port Deposi		
	execute	10K				r <b>rity</b> that I ta ted fram:	-			bave, held an Aut	_	spectian 🙀, Inquiry , Undetermined mann		in my apinian
4	EPUTY DICA	REC To b			gedin resui	red Iram.	Ngiurai caus	, E2	Accident D		ILEF MEDICAL EXAMIN	_	al []	
1	eld in	RAL DIREC	5		ACTUAL SIGNATURE	boka	mos	1.13-4-			S STANT MEDICAL EXAMIN	- Comme	ATE SIGNED	
	Sony,	S E S			EXAMINER'S	1	0			DE	PUTY MEDICAL EXAM	INER 🔀	23/69_	
	necessory,	5 moy be refolled for your to FUNERAL DIRECTOR: Page Health prior to burial, crem			NAME (Type)	·	BYERS,				DRESS(Street, city, to	- 20 25 1	on, Mar	
	0 = = .	~ P =			BLRIAL, CREMATION REMOVAL (Specify)		<sup>дате</sup> 7 <b>Мау 1</b> 9	69 23c	NAME OF CEMI	TERY OR CREMATORY	236	LOCATION (City or Town) turgis Un	(Caunty)	(State) <b>Kty</b> .
					FUNERAL DIRECTOR	CP.	mh	7/						
		A15ME (5)			rant Fune	ral Ho	me Care	ch	North	East. Md.	DATE MAY 2	6 1969 250 AFFEE	Las In	0



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06804 CERTIFICATE OF DEATH 06803 executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) physician and completely filled in by the funeral en please remove carban papers, Pages Mand 1. PLACE OF DEATH O. STATE MARYLAND b. COUNTY o. COUNTY CECIL MARYLAND c. LENGTH OF STAY N 16 b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c CITY OR TOWN (If guitside corporate limits, write RURAL and give negrest town) 8-YR PURAL - RISING SUN RURAL - RISING d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO 🔀 3 NAME OF First Middle 4. DATE Year DECEASED SNYDER JACOB ENWARN MAY 3 1969 DEATH (Type or print) IF UNDER I YEAR AGE (In years LE UNDER 24 HRS. S. SEX 6. COLOR O- RACE 7. MARRIED **NEVER MARRIED** 8 DATE OF BIRTH last birthdoy) Months NOV, 15-1932 EAUCA SIAN MALE DIVORCED WIDOWED 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10g US JAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? INDUSTRY TENN AUTOMIBLE FACTORY U.S. A. requires that the death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME M. SNYDER ANDREW VELLA P. LOVELACE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 36 SOCIAL SECURITY NO. 17 INFORMANT SUE SNYDER RISING CORA INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gove rise ta immediate couse (a), DUE TO stating the underlying couse as the TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use Health NO YES j 20g ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Not While 2) I certify that (1) (this haspital) attended the deceased fram 5 , 19 , ta 5 , 1967, that (1) (we) last saw the deceased glive an 5 , 1967, and that death occurred at 2,30 / M, fram causes and an the date stated above. saw the deceased alive an\_ 22a. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR 22c. PHYSICIAN'S NAME (Type) directar, 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b DATE THEREOF 23d LOCATION (City or Town) (County) (State) CEM, REMOVAL (Specify) RISING SUN 5/6/69 CECIL MD. ADDRESS 2Sb. REGISTRAR'S SIGNATURE 25g, REC'D BY REGISTRAR 24 FUNERAL DIRECTOR SUN, MA REED RISING DATE MA

MARYLAND STATE DEPARTMENT OF HEALTH



	1		D.11141411			AKIMENI UF HEA				
		00005	DIAIZION (			N STREET, BALTIM	DRE, MARYLANI	21201		
	_	06805			CERTIFICATE	OF DEATH		06	804	
r death. uneral 1 and 2 er death.	{T <sub>1</sub>		Fist Lice	Perkins	la	Terrell	DATE OF DEATH Mor		Year	2b HOUR 4:00
s after the fur ages 1	3 SE)	Female	4. RACE	White		• 15, 1881	6. AGE last b	(In years IFU man YRS		HE UNDER 24 HRS HOURS MAN
4 haur 1 in.by		RTHPLACE (State or foreign Ukton, Md.		WHAT COUNTRY?	B. MARRIED NEV	ER MARRIED 9. I	COUNTY OF DEATH	(ecil		Md
executed within 24 haurs after death a completely fined in by the funeral pages 1 and 2 any event, within 72 hours after death	ID. CI	Elkton	11 9"	NAME OF HOSPITAL OR IN ve street address	Hospital	during mask	CCUPATION (Kind of parking I to seve ousewife	work done 1:	26 KIND OF BI	USINESS OR
ecuted with completely grevent, with	13a l admis	JSJAL RESIDENCE (Where do		tutian Residence before	13c CITY OR TOWN	134 INS OF CITY LIM TS	13e STREET AND			
be execut and com	14. F/	THER'S NAME First John	Middle	Per	ins is moth	ERS MAIDEN NAME First	inia	Middle		lost berts
requires that the death certificate be g physician.  signed by the attending physician as burial-transit perm.t. Then please in a burial, crematian, ar remayal, and in	16a. Ye	WAS DECEASED EVER IN U.S.		166 SOCIAL SECURITY 216-05-684	NO 17 INFORMA	ANT	Jr. Manho	Address N.	4	
ath cert iding pi	П	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CO	er anly one cause per AUSED BY:	ne far (a), (b), and (c)					APPROXIMA	ATE INTÉRVA. SET AND DEATH
t the death the attendi sit perm.t. nation, ar ri		4/2 2. Conditions, trany, which a		R AS A CONSEQUENCE OF	37760	y inven	1903,5		Year	<i>n</i> )
equires that the physician. Signed by the burial-transit burial, cremat		nse to immediate couse i stating the underlying co last.	(o), (b)—	R AS A CONSEQUENCE OF					1021	)
requires the g physician. In signed by e burial-trar a burial, cre.	L	PART 2. OTHER SIGNIFICANT	T CONDITIONS CONTRI	BUTING TO DEATH BUT N	OT RELATED TO THE TE	ERMINAL DISEASE OR COND	DITION GIVEN IN PART	[ ](a)		
PHYSICIAN: The low rate haspital or attending this certificate has been detached for use as the e Dept. of Health priar ta	CERTIFICATION	96 DATE OF OPERATION	19b. CONDITION FOR V	WHICH OPERATION WAS PE		AUTOPSY?	206 IF YES, WER	RE FINDINGS CONSI	DERED IN CER	RTIFYING
CIAN: 1 ital or rificate rificate of for us	I	Na. ACCIDENT WAS UNDER  ☐ OR CONTRIBUTING ☐ CAUSE O  If either, natify medical ex	FOEATH HOUR A.F			RY OCCURRED (Enter na	tuse of injury in Part	1 or Port 2, Item	1B.)	
G PHYSIC the haspi this certi detached		21a. INJURY OCCURRED While Not while	21e. PLACE OF INJUR	Y (AT HOME, FARM, STREET FA. OFFICE BUILDING, ETC.	TORY ) 21f LOCATION	Street or R.F.D. No.	City or Town		ounty	State
IDING J by 1 After J be c		22a. I certify that (I)	(this hospital) and alive on	ttended the deceos	ed from 4964, and that	- / & - , 19 6 · in (my) (our) opinio	n death occurred	d on the dote a	r, that ( and have a	(I) (we) lost nd from the
OR ATT be retain NRECTO e 3 sho ed with		225. SIGNATURE		Men	A1	TTENDING MED	TOR STAFF	22c DATE	SIGNED 2 C-C	5 5
TO HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 should p, should be filed with the		22d PHYSICIAN'S NAME (Type)	(men)	Johns	22	223908A e	erly Au	611	tou, m	
TO HOSPITAL Page 4 may TO FUNERAL director, pag	B	REMOVAL (Specify)	23b DATE 5-28-69	230 NAME OF Elktor	CEMETERY OR CREMAT	ORY 2	Elkton	, ,	ounty)	(State)
VR A15 (4) 45M 1/69		UNERAL DIRECTOR PIN FUNERAL	HOMESon	Sul he Je	Elkton	Md. DATEN 2		REGISTRARS SIGN	-	P.,

, , .

						PARTMENT OF HI			
			DIVISION (	OF VITAL RECORDS	, 301 W. PRES	TON STREET, BALTIN	MORE, MARYLAND 2		
*	ı	n6806			<b>CERTIFICAT</b>	TE OF DEATH		0680	5
4 _ 2 4	1. D	ECEASED NAME Type or print)	rst	Middle	-	Lost	20. DATE OF DEATH		2b. HOUR
death.	(1	Type or print) W.L.)	iam	Lee	Testo	= man	ma Menth	Doy Year	19 5/nPN
5 5	3 5		4. RACE			DATE OF BIRTH	6 AGE (In )		
within 24 hours after death lely filled in by the contract ban papers. Rages Land 2, within 72 hours after leath		Male	W	HITE		June 3 19	903 last buthe	gy) MONTHS DA	YS HOURS MIN.
y y y	7o	BIRTHPLACE (State or foreign	,	WHAT COUNTRY?	8 MARRIED	THE A FIX IN MAKKETED	COUNTY OF DEATH		
24 H	12	She Co. N	C, Wi		WIDOWED	DIVORCED 🔲		OUNTS	Mid
if all the second of the secon	10 (	ITY OR TOWN OF DEATH	11 G:	NAME OF HOSPITAL OR II	VSTITUTION (If not in	hospital 120. USUAL	OCCUPATION (Kind of wo	rk done 125 KIND	OF BUSINESS OR
tely with	12	-LKlon		WA	100 h	OSPIRA G	CHETAL L.	abor ons	truction
equires that the death certificate be executed within 24 hours after physician.  Signed by the attending physician and completely filled in by the burial transit permit. Then please remove carbon papers. Rages burial, crematian, ar remaval, and in any event, within 72 hours after	adm	SUAL RESIDENCE (Where do	reosed fived, if inst	itution. Residence before	EL KT	VI 13d. NSIDE CITY LIM	st of working life, even if it is a street and hydrac R.D. #4	MBER	
	14	ATHERS NAME First	Middle		15 M	OTHER'S MAIDEN NAME FIRE		Middle	Lost
in se d		Jake		Tester	mark	Ma	UTY FLL	en Hu	nlav
arte ician and	160.	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECUR TY		-	A	ddress	100
requires that the death certificate be g physician.  s gilled by the attending physician all e burial transit permit. Then please in a burial, crematian, ar remaval, and in		es, no et unknown) [If yes	give worder dates of service)	240-16	2358 A M	rs. ALLie >	E. TesTerman	RD41	ELKTON
ng P		18. CAUSE OF DEATH (Ente PART 1. DEATH WAS CA	r only one couse pe	r line for (o), (b), and (o	))	( , 1	,	APPR BETWE	ROXIMATE NTERVAL FA DASET AND DEATH
ne death attendir permit. ian, ar re		PART I, DEATH WAS U	IUSED BY NEDIATE CAUSE (a)	Caro	inoma	if Left	lung.		
affe affe an,		1601	DUE TO, O	OR AS A CONSEQUENCE O	F		J		
t the sit in a sit in		Conditions, if ony, which g rise to immediate couse	a) [						
that the creek		stating the underlying co	DUE TO, 0	IR AS A CONSEQUENCE O	F				
puires that the hysician. gmed by the urial transit purial, cremati		lost.	(c)_						
equires that the physician. sgmed by the burial transit purial transit promotes.		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTR	IBUT NG TO DEATH BUT	NOT RELATED TO TH	E TERMINAL DISEASE OR CO	INDITION GIVEN IN PART 1(d	1)	
r to trace	No		very e	mholam	acut	P			
as b	CERTIFICATION	196. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS F	ERFORMED	20₀. AUTOPSY?  YES □ NO 🏋	CAUSES OF DEATH?	INDINGS CONSIDERED IN	₹ CERTIFYING
The second	ERTI	210 ACCIDENT WAS UNDER	IVING TOLL THE	OF INJRY	21° HUM		nature of injury in Port 1 o	Part 0 3tom 101	
tal of far far far far far far far far far fa		TOR CONTRIBUTING CAUSE DI (If either, notify medical ex	DEATH HOUR A	M Month Day Yea	г	MORI OCCURRED (FING)	notice of injury in rost 1 o	ron 2, nem 16)	
rspi ospi certi hed	MEDICAL		ominer) P		ACTORY, 1 21f LOCAT	10N Street or RFD No.	City or Town	County	Stote
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRICTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial transhould be filed with the State Dept. of Health priar to burial, creasing the state Dept.		While Not while of work					,	,	
by the control of the		22o. I certify that (1)	(this hospital) (	attended the deceo	sed from	196	9, to 4 My	, 19 <u>64</u> , th	iot (I) (we) lost
R: Al		22o. I certify that (I) sow the decease couses stated at	d olive on	id) (defint) view the	19 <u>6. /</u> , and the body ofter dea	iot in (my) (our) opin	ion death accurred oi	n the dote and ha	ur and from the
Short and the state of the stat		22b. SIGNATURE OD	0 / 0	1 4	3007 31101 000	/		22c DATE 5 GNED	
be red w		Walle	o Oliv	ekan	DEGREE	ATTENDING PHYS DIR	RECTOR STAFF	1 6 may	69
IAL CAL CAL CAL CAL CAL CAL CAL CAL CAL C		22d. PHYSICIAN'S NAME (Type) Way	1 01	. M. C		22e. ADDRESS	A1 1 1	1	7
VER.				rshain, M.D			r, Maryland		
HO FUJ Fugan	230		3b. DATE	F 6	CEMETERY OR CRE	MATORY	23d LOCATION (City or To		(State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		REMOVAL (Specify)	ay 7, 190		y Hill Mi		Cherry Hi	ll (ecil	. Md.
VR AIS AND		FUNERAL DIRECTOR	now 1	ADDRES		2So REC D BY		GISTRAR'S SIGNATURE	
45M - 1, X 691	11/	PIN FUNERAL	HUME wan	with the	Elkton	Md. MAY	8 1969	himmley limp	7



	1	1		ND STATE DEPARTMENT OF H 5, 301 W. PRESTON STREET, BALTII		
		06807		CERTIFICATE OF DEATH	,	30830
	death. Ierail Ord 2 death.	i DECEASED NAME Firs (Type or print) E11		Thomas	2a DATE OF DEATH Month 26 Day	6 gear 5:14
)	after a	3. SEX Female	4. RACE	S. DATE OF BIRTH 3/30/1881	6. AGE (in years   Jost birthday)	IF UNDER 1 YEAR F JHOFR 24 HRS. MONTHS CLAYS HOURS MIN
•	intificate be executed within 24 hours after death physician and completely filled in the inherial en please remove corbon popers. Pages 1 and 2 oval, and in any event, within 72 hour, angedeath	70. BIRTHPLACE (State or fareign country) 10. CITY OR TOWN OF DEATH  KISING SUN 13a USUAL RESIDENCE (Where deceded admission) STATE	give street address)	8 MARRIED NEVER MARRIED NUMBER DIVORCED NOTIFICATION (If not in hospital during mo	COUNTY OF DEATH Cecil OCCUPATION (Kind of work dane st of working life, even if retired)  132   13e STREET AND NUMBER	Md. 12b Kind of Business or Industry
	and-comp remove in any eve	14 FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME FIR	st Middle	tost
		16a WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIAL SECURITY		kising Admin,	Md., [1911
	that the death ce an. by the attending ronsit permit. The	PART   DEATH WAS CAUS	DUE TO, OR AS A CONSEQUENCE O	pacht freuma		APPROXIMATE ANTEVAL BETATEN DISET AND DEATH
4834	IAN: The low requires all or attending physici ficote has been signed for use as the burial-I Health prior to burial,	190 DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS I	YES NO NO 21c. HOW INJURY OCCURRED (Enter	206 IF YES, WERE FINDINGS CO	
•	ECTOR: After the should be de with the Stote	Tilf either, notify medical exam  21d. NJURY OCCURRED While Not while at work 22o. I certify that (I) (the saw the deceased accouses stated above)  22b. SIGNATURE	iner) P.M.  PLACE OF INJURY (AT HOME, FARM, STREET, FOR BUILDING, FTC.	sed from 10-6, 195 1952, and that in (my) (our) apine body ofter death.	non death accurred on the dat	County State  County State  (i) (we) lost the ond hour and fram the signed  County State  County State  State State  County State  Stat
	TO HOSPITAL OR Page 4 may be TO FUNERAL DIR director, page 3 director, page 3 director, page 3	22d PHYS CIANS NAME (Type)  230 BUR AL CREMAT ON, REMOYAN (Sport)  24 FUNERAL DIRECTOR		F CEMETERY OR CREMATORY LEY CHAPEL 35 250. RECD BY		(Caunty) (State)
	45M 176	and K. L.	are - church He	CC MAC DATUN	3 1969 Micond	An immedia



	X		06808	DIVISIO			PRESTON STREET, BALTI CATE OF DEATH	MORE, MA	RYLAND 21201		D 800
	- 22	1 0	ECEASED-NAME First		Middle	LICITI	Lost	20. DATE OF	DEATH	068	2b HOUR
	death		Tune or orint\	over	C.		THOMAS	20. DAIL OF	Maxi	Doy 1969	12:40 M
	funeral funeral death	3. \$		4 RACE			S DATE OF BIRTH			1909 IF UNDER I YEAR	IF JADER 24 HRS
	s des		Male		White		3-14-92		6. AGE ( n years lost birthdoy)	MONTHS DAYS	HOURS MIN.
	in by	7a	BIRTHPLACE (State or foreign	76 CITIZEN	OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9. COUNTY OF			<del></del>
	24 h d in pers 72 h	CŒU	Maryland		U.S.A.	WIDOWED	DAVORCED [	Ce	cil		Md
	within 24 hely filled in papers within 721	10	CITY OR TOWN OF DEATH		11 NAME OF HOSPITAL OR INS			OCCUPATION	(Kind af work dar life, even if retired	ne 125 KIND OF INDUSTRY	BUSINESS OR
	with with with with with with with with	<u></u>	Perry Point		VA. 1	Hospit	CLL	Carpent	er	Carper	ntry
	requires that the death certificate be executed within 24 hours after death a physician.  I signed by the attending physician and completely filled in by the funeral submit permit. Then please remake carbon papers. Pages I and a burial, crematian, or remayal, and in any event, within 72 haurs of the death a burial, crematian, or remayal, and in any event, within 72 haurs of the death	odm	USUAL RESIDENCE (Where deceonssion) STATE Marylan	a lib col	INTY Balance before			M TS?   13e ST	PEN S	raw R.	d
	an and a see exec	14	FATHER S NAME First		ddle Lost		5 MOTHER'S MAIDEN NAME FI		M ddie		Lost
		L	Mathias Th				Hester	Keys			
	ith certificate beding physicials of the please of the moval, and in		WAS DECEASED EVER IN U.S. ARI  'es, no, or unknown) (If yes give in	AED FORCES? var or dotes of ser	vice)		INFORMANT		Address		
	phy nen ava	<u> </u>		W I	160-16-40-		VA Hospital	Record	s - Perry		Md.
	attending permit. Ihian, or remo		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly are couse D BY						BETWEEN C	INSET AND DEATH
	dea rm rm r, or		1621 IMMEDI	ATE CAUSE (o	,	nie C	arcinoma			6 mc	onths
	that the dea an. by the attenc transit permet crematian, or		Conditions, if any, which gave		D, OR AS A CONSEQUENCE OF						
	hat n. sy th ansi em(		rise to immediate couse (a), stating the underlying couse(	J)	), OR AS A CONSEQUENCE OF			-			
	es t sical ed b al-tra		ast	(	()						
	physican. signed by the burial-transit burial, cremati		PART 2 OTHER SIGNIFICANT CO	NDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED 1	O THE TERMINAL DISEASE OR CO	ONDITION GIVE	N IN PART I(o)		
	faw re nding been s the iar ta	픙									
5)	AN: The law re all ar attending icate has been for use as the Health priar take	CERTIFICATION	190. DATE OF OPERATION 19b	CONDITION F	OR WHICH OPERATION WAS PER	RFORMED	20a. AUTOPSY?  YES NO [X]		YES, WERE FINDING OF DEATH?	S CONSIDERED IN C	ERTIFYING
	IAN: That at a		210 ACCIDENT WAS UNDERLYIN	IG 21b T	IME OF INJURY	21c. F	IOW INJURY OCCURRED (Enter	noture of inju	ry in Part 1 or Part	2, Item 183	
	Pital Pital d fa af H	MEDICAL	OR CONTRIBUTING CAUSE OF DEA' (If either, not fy medico exomi	ner)	P.M. 19						
	PHYS he has this ce etache Dept.	ME	21d. INJURY OCCURRED 21e. While Not while of work	PLACE OF IN	JURY (AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC.	FORY ) 21f. L	DCATION Street or R.F.D No.	City	ar Town	County	State
	UDING d by tl After d be d		22a. I certify that (it) (the score documents)	is haspital	) attended the decease	d fram_	11-22-66, 19	, ta_5	-3-69	19, that	thickwest land
	TO HOSPITAL OR ATTEND Page 4 may be retained to TO FUNERAL DIRECTOR: Af director, page 3 shauld be shauld be filed with the S		causes stated abave	kvexxxxx e, (l) (we)	(did) (did nat) view the t	<u>Cxx</u> , ar bady after	d that in (my) (aur) apir death.	nan death (	accurred an the	date and haur	and from the
	reformers as the with		22b. SIGNATURE	7	5	1. 7	ATTENDING MI	ED C	STAFF 4-2	26. DATE S GNED	
	LOR be re DIRECTOR 3 iled w		and physicians	Co.	Look in	Mitge		RECTOR .	STAFF PHYS	5-3-69	}
	TO HOSPITAL Page 4 may TO FUNERAL I director, pag shauld be fil		22d. PHYSICIAN'S NAME (Type) EDGAR	E. F	OLK, M.D.		22e. ADDRESS VA Ho	spital	- Perry	Point, M	d.
	Houl	230	BURIAL, CREMATION, 23b REMOYAD (Specify) 23b	DATE	23c NAME OF				M (Cty og Town)	/ (County) /	(Stote)
	5 5 5 p 2	$\leq$	FUNERA, DIRECTOR	y - 6	RY MIT	<u> Ligi</u>		$\int -r$		1,157/70	11/1d.
	VR AIS A	24. يمر	VINION X XAITO	in The	ADORESS	dru	2So. RECD BY	7 196	25b REG STRA	RS SIGNATURE	

MARYLAND STATE DEPARTMENT OF HEALTH



